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**THE EXPERIENCES OF PEOPLE WITH DISABILITIES
DURING THEIR INTEGRATION AND RETENTION INTO
EMPLOYMENT IN SOUTH AFRICA**

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A thesis submitted in the fulfilment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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14 February 2013

Plagiarism declaration

I declare that *The Employment Integration and Retention Experiences of People with Disabilities in South Africa* is my own work, except where indicated, and that it has not been submitted before for any degree or examination at any university.

.....
Emma Louise McKinney

14 February 2013

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Abstract

The aim of this thesis is to identify the employment integration and retention experiences of people with disabilities in South Africa. The objectives of the study are to examine factors that influence these experiences. These factors include the time of onset of a person's disability, the education the person received, the integration and retention phases of employment and attitudes towards disability in the workplace. It provides a summary of both international and South African policies and legislation as they pertain to the education of children with disabilities and the employment of people with disabilities. This study further defines the terms relating to employment and disability and provides literature on the challenges that people with disabilities face when entering into and while remaining in employment.

In undertaking the research, an exploratory case study design allowed for the collection of data. This involved a series of semi-structured interviews with an interview schedule conducted over a period of seven months. In this time, 72 participants with single and multiple disabilities, including hearing, visual, neurological, psychological and physical disabilities, were included in this study. Participants varied in age, race and gender and they came from seven of the nine provinces of South Africa.

The underlying theoretical framework of this study focused on the differing paradigms of disability, namely, the medical model and the social model. It also took heed of the shortcomings of the social model. Furthermore, the study explored how different views of disability affect how children and youth with disabilities are educated and how employers integrate and retain people with disabilities into employment. Literature on international and South African disability education and employment trends and statistics are provided. Research findings in this study show that despite strong disability policies and legislation, including *The Constitution of the Republic of South Africa* (1996a), which clearly states that no one may unfairly discriminate against a person on the grounds of their disability, people with disabilities still experience discrimination. In order to overcome challenges and successfully integrate and retain people with disabilities within the open labour market, the Department of Labour published *The Employment Equity Act* (No 55 of 1998), along with its *Code of Good Practice: Key Aspects on the Employment of People with Disabilities* (2002),

as well as *The Technical Assistance Guidelines on the Employment of People with Disabilities* (2003).

Findings from this study illuminated the participants' experiences during their preparation for employment, as well as the two main phases of employment, namely the integration phase and the retention phase. Results showed that the experiences of participants during the integration phase of employment were influenced by disability onset, which impacted on their educational options and employment opportunities. While some participants had positive experiences during the integration and retention phases of employment, the majority had negative experiences during these phases. These negative experiences related predominantly to inaccessible information and venues, a lack of implementation and monitoring of government legislation, a lack of commitment of employers to provide reasonable accommodation, as well as attitudes towards disability in the workplace and in general.

The contribution of the study is that it provides insights into the experiences of people with disabilities entering into the open labour market in South Africa. Evidence points to a severe lack of understanding regarding the needs of people with disabilities in South Africa and a lack of awareness of disability at all levels of society in general, including the workplace. It is anticipated that this study could be utilised to provide employers and employees a better understanding of how to successfully integrate and retain people with disabilities in employment.

Abbreviations and acronyms

ADA	Americans with Disability Act
ANC	African National Congress
CASE	The Community Agency for Social Enquiry
CEE	Commission for Employment Equity
CHE	Council on Higher Education
CRPD	Convention on the Rights of Persons with Disabilities
DBSA	Development Bank of South Africa
DDA	The Disability Discrimination Act
DEAFSA	Deaf Federation of South Africa
DBSA	Development Bank of Southern Africa
DG	Disability Grant
DOE	Department of Education
DOL	Department of Labour
DPO	Disabled People's Organisation
DPSA	Disabled People South Africa
EE	Employment Equity
EEA	Employment Equity Act (No. 55 of 1998)
EEP	Employment Equity Plans
FOTIM	The Foundation of Tertiary Institutions of the Northern Metropolis
GHS	General Household Survey
HRC	Human Rights Commission
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
INDS	Integrated National Disability Strategy
LFS	Labour Force Survey
MS	Multiple Sclerosis
NCESS	National Committee on Education Support Services
NCSNET	National Committee on Special Needs in Education and Training
NQF	National Qualifications Framework
NSDS	National Skills Development Strategy
OAU	Organisation of African Unity

ODP	Office of the Deputy President
OECD	Organization for Economic Cooperation and Development
OSDP	Office on the Status of Disabled Persons
SAFCD	South African Federal Council on Disability
SAHRC	South African Human Rights Commission
SDA	The Skills Development Act
SETA	Sector Education and Training Authority
StatsSA	Statistics South Africa
TAG	Technical Assistance Guidelines on the Employment of People with Disabilities
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNISEF	The United Nations International Children's Fund
UPIAS	The Union of the Physically Impaired Against Segregation
WP6	Education White Paper 6
WPA	The World Program of Action
WHO	World Health Organization
WRD	World Report on Disability

Contents

Plagiarism declaration.....	1
Acknowledgements	2
Abstract	3
Abbreviations and acronyms	5
Chapter 1	11
Introduction.....	11
1.1 BACKGROUND TO THE RESEARCH	11
1.2 AIM OF THE STUDY	15
1.3 CONTRIBUTION TO THE BODY OF KNOWLEDGE.....	16
1.4 SELF-MOTIVATION FOR THE STUDY	17
1.5 ORGANISATION OF THE THESIS.....	20
Chapter 2	22
Theoretical framework.....	22
2.1 PARADIGMS ON DISABILITY	22
2.1.1 The medical model	23
2.1.2The social model	24
2.1.3 Shortcomings of the social model of disability	26
2.2 DEFINING PEOPLE WITH DISABILITIES	29
2.3 THEORETICAL FRAMEWORK.....	32
2.4 CONCLUSION	32
Chapter 3	34
Literature review	34
3.1 GENERAL SITUATION OF PEOPLE WITH DISABILITIES	35
3.1.1 Global disability policy.....	35
3.1.2 Disability policy in South Africa.....	44
3.1.3 Global disability prevalence.....	56
3.1.4 South African disability prevalence.....	59
3.2 PREPARATION FOR EMPLOYMENT OF PEOPLE WITH DISABILITIES	71
3.2.1 Onset and acceptance of disability	72
3.2.2 Global education framework.....	73
3.3 EMPLOYMENT OF PEOPLE WITH DISABILITIES	92

3.3.1	Integration into employment	93
3.3.2	Retention in employment	117
3.4	EMPLOYMENT INTEGRATION AND RETENTION FACTORS SUMMARY	136
3.5	CHAPTER CONCLUSION	137
Chapter 4	138
Research methodology	138
4.1	INTRODUCTION	138
4.2	RESEARCH DESIGN.....	138
4.2.1	The exploratory case study as research strategy.....	140
4.2.2	The study sample: Population and sampling.....	142
4.3	BIOGRAPHICAL INFORMATION	144
4.3.1	Disability categories	144
4.3.2	Disability causes	145
4.4	DATA COLLECTION	147
4.4.1	Interviews.....	147
4.4.2	Interview questions.....	147
4.4.3	Research setting.....	148
4.5	RECORDING OF DATA	149
4.6	DATA REDUCTION, CODING AND ANALYSIS	151
4.7	VALIDITY AND RELIABILITY	153
4.7.1	Construct validity	154
4.7.2	Internal validity	154
4.7.3	Generalisability	157
4.7.4	Reliability.....	158
4.8	ETHICAL CONSIDERATIONS	158
4.9	LIMITATIONS OF THE STUDY	159
	CONCLUSION.....	160
Chapter 5	161
Research findings and discussion	161
5.1	PREPARATION OF EMPLOYMENT OF PEOPLE WITH DISABILITIES IN SOUTH AFRICA	161
5.1.1	Disability onset.....	161
5.1.2	educational experiences in primary and secondary settings	165
5.1.3	Educational experiences in higher education	171
5.1.4	Education discussion	178

5.2 INTEGRATION AND RETENTION IN EMPLOYMENT	186
5.2.1 Integration into employment.....	186
5.2.2 Integration into employment: Discussion	192
5.3 RETENTION IN EMPLOYMENT.....	199
5.3.1 Retention in employment: Findings	199
5.3.2 Retention phase of employment: Discussion	212
5.3.3 Conclusion	219
Chapter 6	220
Conclusion and recommendations	220
6.1 CONCLUSION	220
6.2 RECOMMENDATIONS FOR FURTHER RESEARCH	224
6.2.1 Recommendations for stakeholders.....	225
6.2.2 Recommendations for education sector	225
6.2.3 Recommendations for disabled people's organisations	226
6.2.4 Recommendations for employers	226
6.2.5 Recommendations for the Department Of Labour	226
6.2.6 Recommendations for policy makers	227
6.3 REFLECTIONS AND EVALUATION OF THE RESEARCH	227
References.....	229
Appendices.....	257
APPENDIX 1: CODING SCHEME FOR THE CLASSIFICATION OF DATA	258
APPENDIX 2: CONSENT FORM FOR RESEARCH STUDY.....	261
APPENDIX 3: INTERVIEW SCHEDULE.....	263

List of tables and figures

TABLE 1: ESTIMATES OF NATIONAL DISABILITY PREVALENCE RATES 1995–2011	62
TABLE 2: ONSET OF DISABILITY, EDUCATIONAL PLACEMENT, AND RACE	193
FIGURE 1: ANNUAL TOTAL NUMBER OF EMPLOYEES WITH DISABILITIES.....	66
FIGURE 2: PERCENTAGE OF EMPLOYEES WITH DISABILITIES	66
FIGURE 3: DISABILITY CATEGORIES	144
FIGURE 4: AGE OF PARTICIPANTS	146
FIGURE 5: EDUCATION RECEIVED	166
FIGURE 6: CONGENITAL DISABILITY EDUCATION RECEIVED	167
FIGURE 7: ACQUIRED DISABILITY EDUCATION RECEIVED.....	167
FIGURE 8: PERCENTAGE ATTENDING HIGHER EDUCATION, AND DISABILITY ONSET PERCENTAGE	171
FIGURE 9: LEVEL OF EDUCATION RECEIVED.....	171

Chapter 1

Introduction

In this chapter, the topic and title of the research is given and background information on the research is provided. The aim of the research is outlined: the identification of the employment integration and retention experiences of people with disabilities in South Africa. The rationale for the research is laid out, identifying that despite progressive legislation concerning the rights of people with disabilities in South Africa since 1994, figures relating to disability and employment remain woefully short of their target. This is followed by the scope of the study, which includes the influences of onset of disability and the education received by people with disabilities on their integration into the open labour market. Finally, contribution to the body of knowledge and limitations of the study are discussed, highlighting the limited research in this area in South Africa as well as the possible personal bias of the researcher, who has a disability. The data used in this research was collected in South Africa, and the legislation and policies used were specific to the South African context.

1.1 Background to the research

In this study, insights into the employment integration and retention experiences of people with disabilities in South Africa are explored. Before 1994, many South Africans were discriminated against on the basis of their race, gender and disability (Emmet, 2006; Mathur-Helm, 2005; Horwitz, Browning, Jain, and Steenkamp, 2002; Thomas, 2002). Children with disabilities were segregated not only according to their race but also category of disability (Engelbrecht, Oswald and Forlin, 2006; Howell, Chalklen, Alberts, 2006; Dube, 2005; Mabokela and Mawila, 2004; Carrim, 2003; Lomofsky and Lazarus, 2001). Furthermore, the majority of people with disabilities were excluded from the open labour market (Mitra, 2009; Mitra, 2008).

After the 1994 elections, the new government, led by the African National Congress, set out to redress the past imbalances experienced under the apartheid system. South Africa committed itself to a democratic constitution and parliamentary democracy. *The New Constitution of South Africa* (Act No 108) (Republic of South Africa, 1996) came into being in 1996. This constitution is generally viewed as one of the most progressive and democratic

in the world, having a strong human rights base and approach. In line with the adopted constitutional principles of equality and equity, every South African is now seen as having equal rights and status in society. This democratic transformation, in line with global trends, was reflected in policies and law in all sectors. Furthermore, triumphant in having overcome adversity through peaceful negotiations, South Africa became a beacon of hope for oppressed societies everywhere and was embraced by the international community. It is fitting that this move from exclusion towards inclusion extended to the people with disabilities in South Africa as the new government adopted of the social model of disability into their policy, legislation and strategy for developing an integrated society. While this foundation for the integration of people with disabilities has been laid, there is still a long way to go in terms of implementing policy successfully and realising greater participation of people with disabilities in South African society. One of the key areas of this integration is the national workplace. Despite the legislation supporting the rights of people with disabilities, there remain strong challenges to meaningful participation of people with disabilities into the South African open labour market (Mitra, 2009; Mitra, 2008; Matshedisho, 2007; Dube, 2005; Thomas, 2002; Lomofsky and Lazarus, 2001).

In 2001, the Department of Education (DOE) identified 280000 children with disabilities as being completely excluded from the education system (DOE, 2001). The majority of people with disabilities were excluded from employment. In the *Integrated National Disability Strategy (INDS)*, which was released in 1997, the Office of the Deputy President (ODP) identified that 99% of people with disabilities remain out of the open labour market (ODP, 1997). In 2004, the Commission for Employment Equity (CEE) stated that only approximately one percent of the total South African workforce was made up of people with disabilities (Department of Labour, 2004). This is a poor representation considering that it is internationally accepted that people with disabilities constitute approximately 10% of the total population (WHO, 2011; UN, 2006).

Legislative reform passed by parliament has had a direct impact on the manner in which business should integrate and accommodate people with disabilities. These changes carried over into policy relating to disability and people with disabilities, with a move away from a traditional view of disability to a model of disability based on human rights. Briefly put, the traditional (or medical) model regards disability as a 'personal tragedy'. Furthermore, people

with disabilities are seen to be inferior, as unable to cope in the open labour market and needing to be 'fixed' to conform to the world (UNESCO, 2002; Abberley, 1996). Opposing this traditional model is the social model of disability, which identifies inaccessible environments and negative attitudes towards disability as being at the core of an oppression that stops the integration of people with disabilities in society (Mitra, 2008; Abberley, 1996; Oliver, 1993). The medical and social models of disability are expanded upon in Chapter 2, Theoretical framework.

A pioneering document regarding disability was the office of the deputy presidents' *White Paper on an Integrated National Disability Strategy (INDS)* in 1997. This document focuses on disability and although it is still only a White Paper, it was the first to lean toward the full integration and inclusion of people with disabilities into South African society at all levels. It provides policy guidelines relating to 15 specific areas where the status of people with disabilities needs to be elevated. These areas are: prevention, public education and awareness raising, health care, rehabilitation, barrier-free access, transport, communications, data, information and research, education, employment, human resources development, social welfare and community development, housing, and sport and recreation (Office on the Status of Disabled People (OSDP), 2000:iii). *The INDS* is a positive step forward outlining implementation strategies of the policy that represent the government's commitment to a new method of dealing with disability in line with the social model. However, a lot more is required regarding implementation to ensure optimal usage of the policy. This will be discussed in detail in the Literature Review chapter of this study.

In line with the above, local South African policies were extended to facilitate people with disabilities to enter into and remain in employment. The South African Government published *The Promotion of Equality and Prevention of Unfair Discrimination Act* (No 4) in 2000 (Republic of South Africa, 2000). This policy protects the rights of all South Africans and provides avenues for the elimination of discrimination and inequalities. The Department of Labour (DOL) published *The Employment Equity Act* (No 55) (*EEA*) (Republic of South Africa, 1998), in 1998; along with its implementation documents, *The Code of Good Practice: Key Aspects on the Employment of People with Disabilities* (*Code*) (DOL, 2002) in 2002, and *The Technical Assistance Guidelines on the Employment of People with Disabilities* (*TAG*) (DOL, 2007) in 2007. *The EEA* is a legislated act and is thus enforceable

by law, with negative consequences for companies that do not comply with it. This emphasises the South African government's commitment to include people with disabilities. This should encourage more employers to comply with the act, and so would potentially result in more people with disabilities being employed.

Policy changes were mirrored in education policies, which established that all children are equal and have the right to receive a basic education. In order to align itself with global inclusive education trends, the South African government adopted an inclusive system by publishing *Education White Paper 6: Building an Inclusive Education and Training System (WP6)* in 2001 (DOE, 2001). The aim of this was to accommodate children with disabilities in one unified education system that met their individual needs. Placement of children with disabilities in schools should be determined on the level of support required rather than by the category of disability, as was the case prior to the policy. Children requiring low and medium levels of support should now have the option of attending full-service schools together with children without disabilities, while those requiring high levels of support can attend improved special schools as resource centres (DOE, 2001). In theory, the introduction of *WP6* has resulted in many of the previously excluded and unaccounted for children with disabilities being accommodated in schools, receiving a better education and subsequently having a greater opportunity to be employed (Engelbrecht, Oswald and Forlin, 2006; Da Costa, 2003).

In the international context, South Africa adopted the African Decade of Persons with Disabilities (1999–2009) in 2000. This aimed for full integration, equality, participation and empowerment of people with disabilities throughout Africa. The Second African Decade of Persons with Disabilities was extended (2010–2019) to ensure that policies, frameworks and programmes that were established in the first decade will continue, with the hope of establishing sustainable inclusion practices of people with disabilities in Africa. Furthermore, on 30 March 2007, South Africa was one of the first countries to ratify the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)* as well as its Optional Protocol, on the day they opened for signature. This confirmed South Africa's commitment to the 25 fundamental principles to promote the rights of people with disabilities. These principles include the promotion of employment and career opportunities for people with disabilities and the prohibition of unfair employment discrimination.

Despite the progress that has been made in the past 16 years, *The INDS* and *WP6* have still remained White Papers. This means that they have not yet been adopted as legislative acts and subsequently only serve as guidelines that are not enforceable by law. Furthermore, although *The EEA* is a legislated act, the South African government has been slow to enforce it and many employers opt to pay a penalty rather than complying with the provisions of the Act (Mitra, 2008; Thomas and Hlahla, 2002). Moreover, while legislation has been passed that clearly states that no one may unfairly discriminate against a person on the grounds of disability, language or culture, many people with disabilities currently still experience discrimination when entering into and remaining in employment (Dube, 2005; Thomas, 2002; Republic of South Africa, 1996). Since 1994, the standpoint of the South African government towards people with disabilities has improved dramatically, adopting a strong human rights-based approach. Subsequently, much progress has been made in various areas. However, it is evident that despite this progress there are still many limitations in South Africa regarding the inclusion of persons with disabilities in employment. To conclude, despite South Africa having progressive disability and employment legislation, the majority of people with disabilities in South Africa remain unemployed. There appear to be two contributing factors hindering the employment of people with disabilities. Firstly, many people with disabilities who are actively seeking work find it challenging entering into the labour market. Secondly, those that are in employment often experience obstacles to retention and career advancement.

1.2 Aim of the study

The overall aim of the study is to explore the experiences of people with disabilities when entering into and remaining in employment in South Africa. The specific objectives of the research are to examine the experience of people with disabilities in the workplace with regard to:

- The impact of onset of disability on entering into and remaining in employment in South Africa;
- The potential influence of education received by people with disabilities with regard to their entering into and remaining in employment in South Africa;
- The specific experiences of people with disabilities during the integration and retention phases of employment as laid out in the Employment Equity's *Code* (DOL, 2002) and *TAG* (DOL, 2003);

- Whether people with disabilities experience any explicit attitudinal barriers upon entering into and remaining in employment in South Africa.

It should be noted that the aim of this study is not to deliver a prescriptive set of solutions or best-practice handbooks on ways of overcoming the challenges that people with disabilities experience when entering into and remaining in employment. Too often people with disabilities are regarded as belonging to a homogenous group. Rather, this study focuses on the rich diversity of experiences of people with disabilities. What emerged during the course of this study was the importance of highlighting the individuality of people with disabilities, emphasising the fact that they all experience differing reactions to their disabilities – within themselves, by society, employers and employees – due to their individual personalities and life experiences (Watermeyer, 2013; Braithwaite and Mont, 2009; Crow, 1996; Gregory, 1993).

1.3 Contribution to the body of knowledge

The study hopes to gain an understanding of the experiences of people with disabilities becoming employed, living independent lives and making meaningful contributions to the South African economy as a whole. There has been limited research conducted in this area in the South African context (Van Staden, 2011; Mitra, 2009; Mitra, 2005).

It is anticipated that this study will provide employers and employees without disabilities a better understanding of how to successfully integrate and retain people with disabilities in employment. In addition, the research hopes to further contribute in the following areas:

- Provide a brief summary of both international and South African policies and legislation as they pertain to the education of children with disabilities and the employment of people with disabilities;
- Provide insight into the challenges that people with disabilities experience while entering and remaining in employment within the South African context;
- Explore differing key concepts relating to the employment of people with disabilities in South Africa.

The researcher drew on the following databases during this study:

- The Commission for Employment Equity's Annual Reports (years 1999 to 2011);

- Statistics South Africa's Quarterly Labour Force Surveys (years 2002 to 2011); Censuses (1996 and 2001); General Household Surveys (years 2002 to 2010), and October Labour Force Surveys (1995 to 1999);
- South African Department of Education's policy documents;
- South African Department of Labour's employment policy documents;
- International policies on human rights, disability and employment
- Peer review journals.

1.4 Self-motivation for the study

The researcher is a person with a disability, being hard of hearing from birth. Her experiences in education lead her to pursue a career teaching children who were Deaf¹ and Hard of Hearing and those with learning disabilities. While teaching children with disabilities the researcher became increasingly aware of the many challenges to furthering their education at tertiary institutions and employment that they experienced while at school. While she acknowledges that there are some children who might not be able to follow an academic stream, the vast majority are able but hindered in their progress as many special schools do not offer academic matric subjects. There are still special schools offering car washing, bricklaying and other skills-based programmes in place of academic subjects. The researcher conducted a master's degree focusing on the situation in schools for the Deaf throughout South Africa with regard to barriers to learning and development. She examined whether these schools fostered the ideals of inclusion as made explicit in *WP6*. In addition, she investigated whether learners in schools for the Deaf had access to the most appropriate, barrier-free education. The findings showed that in 2003 not one child in matric at a school for the Deaf in South Africa was able to access higher education due to a lack of available subjects required to achieve a university exemption (Peel, 2003).

She has been actively involved in disability projects for both children and adults with disabilities, as well as lecturing on inclusive education to education students at university level. One of her projects gave her the opportunity to visit over 35 special schools across

¹People who consider themselves part of Deaf community refer to themselves as *Deaf* with a capital 'D' and use Sign Language as their primary means of communication; 'deaf' refers to hearing status.

South Africa. She noticed that providing children with appropriate assistive devices was not enough and that without specific training and support for teachers, these devices would not be used appropriately. The researcher noted that many children with disabilities were leaving special schools and relying on disability grants rather than seeking employment or furthering their education. She felt that this culture of dependency generally begins with parents who become reliant on a monthly Care Dependency Grant, which they were able to access while their children with disabilities were still minors. Once these children turn 18, they become eligible to receive a disability grant themselves as long as they do not work. This situation is often their only means of income as it is extremely difficult for people with disabilities to find sustainable and meaningful employment in South Africa. The researcher believes that a large contributing factor to this is the inferior education received by children with disabilities. This illuminates the link between the education received by people with disabilities and their inability to find employment, as well as the cyclical nature of this phenomenon (Barnes and Mercer, 2005). Through her experience in special and mainstream schools, the researcher believes that an adequate education will vastly improve the ability of people with disabilities to gain meaningful and sustainable employment.

The researcher has also assisted a number of employers integrate people with disabilities into the workplace. She assisted these companies with recruiting, interviewing, inducting and supporting employees who were Deaf and Hearing Impaired and acted as a link between these employees and the hearing management and staff. In order to bridge the communication gap, she providing Sign Language training for the hearing staff, as well as interpretation and support for the employees who were Deaf. The researcher gained a great deal of insight and experience regarding the integration of people with disabilities into the open labour market. She found that the employees who were Deaf and Hearing Impaired experienced many difficult challenges to employment, many of which were as a result of the education they had received, the attitudes of employers and fellow employees towards disability, as well as an inability to communicate.

The researcher has experienced a lot of frustration at seeing many employees with disabilities suffer a lack of opportunities to advance within companies. Many employees who were Deaf questioned why they were not considered for promotions that were given to more recently employed (hearing) staff and were told that it was due to their poor literacy and numeracy

skills. Some employees were willing to remedy this situation by paying for them to attend learnership training programmes. Unfortunately, many of these programmes were run by companies that did not have a sufficient understanding about disability, and did not make accommodation for the employees' needs, such as providing Sign Language interpreters. Furthermore, many employees with disabilities returned from learnerships and were still overlooked for promotions.

Over the last ten years, the researcher has been involved in the empowerment of people with disabilities in a number of areas. She worked at a university's disability unit, which offered support to students and staff with disabilities on campus. She discovered that the majority of university students had acquired their disabilities after they had completed their schooling. This accounted for why they were able to meet the entrance requirements of the institution. While employed at the disability unit, she noticed that there were no students who were Deaf. She discovered that this was due to the high cost of interpreters and the debate over whether the student's university department or the disability unit should be responsible for payment. She also noted that issues surrounding accessible transportation, lecture venues and accommodation for students and staff with disabilities remained a constant challenge. She found that many students with disabilities only disclosed their disabilities and made contact with the disability unit around examination periods when they required examination accommodation such as extra time or accessible examination paper formats. As the researcher herself had done when she was younger, many did not disclose their disabilities to the lecturers or fellow students because of the stigma attached to their disabilities. During the period of time that the researcher was working at the unit, the university had not yet finalised its policy on students and staff with disabilities. This created confusion with regard to what was accommodated and what was not.

The researcher has experienced a range of environmental difficulties, as well as negative attitudes towards disability on a daily basis, as she is married to a person who is a quadriplegic paralysed from the shoulders down. When they are together in public, people will often ask the researcher what her husband wants, instead of asking him directly. Other reactions include patting him on the head and speaking to him in a childlike manner. Although both the researcher and her husband have a disability, their daily needs and experiences of disability are very different. This emphasises the point that people with

disabilities cannot be treated as homogeneous group. From a personal point of view, the researcher finds the area of differing life experiences between people with acquired and congenital disabilities very interesting and an area requiring further research.

As mentioned above, the researcher is a person with a disability and she has personally experienced challenges in entering into and remaining in employment in South Africa. Therefore, she is aware that she may have a personal bias favouring people with disabilities. This raises a popular debate in social sciences regarding standpoint, relating to the question of whether it is beneficial or distorting for researchers to carry the oppressed identity of theory of their participants. In the field of disability studies, Shakespeare (2006) puts forward the idea that one does not need to have a disability to conduct research on this area. Secondly, while there are advantages in terms of insight to sharing a similar identity with the research sample, it requires a higher level of reflexivity. The researcher is acutely aware that many of the participant's stories may be invested with emotional meanings resonant in her own life.

1.5 Organisation of the thesis

This thesis consists of six chapters. The current chapter has introduced the background to this study as well as the research questions, purpose and aims. Chapter 2 provides the theoretical framework that underlies the study. This explains the theoretical thinking and viewpoint of the research regarding the employment of people with disabilities. It begins by examining the two predominant views on disability, namely the medical model and social model of disability, and how these impact on the integration and retention of people with disabilities in employment. It also considers the shortcomings of the social model and the importance of taking these shortcomings into account when structuring a theoretical framework of disability. Definitions of people with disabilities are provided including *The EEA's* definition as it relates to employment. The chapter then presents information on the differing forms of discrimination, challenges in employment and reasonable accommodation relating to people with disabilities.

The study examines international disability prevalence, the situation of people with disabilities and employment, and provides international figures of employees with disabilities. After this, information on prevalence of disability in South Africa, the

employment situation of people with disabilities, and figures of employees with disabilities in South Africa is provided.

Chapter 3 is divided into three main sub-sections. Under *General situation of people with disabilities*, an analysis of global and South African disability and employment policy frameworks, together with definitions of disability and employment, as well as disability prevalence data is provided. To conclude, this section explores some of the possible reasons for the poor representation of people with disabilities in employment in South Africa. The following section, *Preparation for employment of people with disabilities*, provides a discussion surrounding the onset of a person's disability and the influence this has on education and employment. It is followed by an examination of global educational trends and how these, together with the transformation of education post-1994, influenced the education of children and students with disabilities in South Africa. This section concludes with a discussion on the direct link between education and employment. The final section, *Employment of people with disability*, provides literature on the integration and retention phases of employment as laid out in the DOL's *EEA* and supporting documents.

Chapter 4 outlines the overall methodological approach and research design used in this study. It makes an argument for the use of qualitative research methodology, using an exploratory case study research design. The chapter indicates how data was collected, and provides a detailed description of the 72 participants with disabilities. Data for the study were generated through semi-structured interviews conducted with each participant. Finally, the issues of validity, generalisability and the ethics of this study are outlined.

Chapter 5 presents the findings and a discussion of the data. It explores the experiences of the participants relating to their integration and retention into employment. Attention is also paid to their experiences of the onset of their disability and the education they received, as well as their experiences of attitudes towards their disability by employers and fellow employees.

The final chapter, Chapter 6, presents a brief overview of the thesis, provides a conclusion to the outcomes of the study and puts forward recommendations for further research as well as for stakeholders.

Chapter 2

Theoretical framework

Introduction

The aim of this chapter is to lay out the theoretical framework of the study. The chapter will examine the thinking relating to the two predominant paradigms on disability, namely, the medical and social models of disability. Definitions of disability and people with disabilities in employment are also provided. The chapter further explores the shortcomings of the social model and how it is imperative to take these shortcomings into account when exploring phenomena related to disability.

Paradigms on disability	Defining disability	Theoretical framework	Conclusion
Medical model			
Social model			
Shortcomings			

2.1 Paradigms on disability

A paradigm is the manner in which a person views the world around him or her. This does not refer to the physical act of looking, but rather the way people perceive, understand and interpret situations and objects in their environment. It is acknowledged that paradigms form the foundations of our attitudes and behaviours and include the way in which we think, see, evaluate and make assumptions about the world (Gabel and Peters, 2004; Naicker, 2000; Covey, 1992). Therefore, the paradigms to which people subscribe regarding disability will impact on how they view and treat people with disabilities. In order to overcome the existing challenges in the integration and retention in employment of people with disabilities, it is important to understand what the different the paradigms advocate.

In this section, two opposing views of disability are examined and reasons as to why these two cannot be seen in isolation are provided. The first viewpoint locates the disability in the person concerned, paying little or no attention to the physical or social environment (Burchardt, 2004; Marks, 1999; Marks, 1997; Shakespeare and Watson, 1997). This is

referred to as the 'medical model' of disability. Secondly, there are people who perceive disability as a social construct where disability results from the inability of the physical and social environment to accommodate the needs of individuals within a particular group of people. This view is known as the 'social model' of disability. While historically these two paradigms were seen as being located on opposite ends of the disability continuum, more recent literature has shown that these models cannot be seen in isolation and that both have a direct impact on the integration and retention in employment of people with disabilities.

2.1.1 The medical model

The medical model of disability is also known as the 'clinical-pathological,' 'deficit model' or the 'individual model' (Marks, 1999; Finkelstein, 1993; Oliver, 1991; Oliver, 1981). From a medical model view, disability can be seen as a result of a physical condition, intrinsic to the individual. The focus is on the individuals' limitations and, according to Barnes and Mercer (1996), there is an assumption that an individual is 'disabled' by their impairment. Disability is viewed in terms of disease, sickness, difference and personal tragedy and assumes that these are intrinsic characteristics of people with disabilities (Elliott, Utyasheva, and Zack, 2009).

Hunt (1966:155) stated in his paper 'A Critical Condition' that from a medical model standpoint, individuals with impairment are treated as "unfortunate, useless, different, oppressed and sick" and that they symbolise everything that the 'normal society' fears the most, namely "tragedy, loss, dark, and the unknown." His ideas were expanded upon in 1988, in a paper that stated that individuals with severe disabilities are not only viewed as being 'unfortunate' but also unlucky, deprived and poor, which lead them to have 'cramped lives.' This, in turn, results in people with disabilities as being unable to take pleasure in many of the 'goods' that people without disabilities are familiar with. Within the scope of this study, individuals with disabilities are seen as being unable to earn money or have authority in employment (Hunt, 1988). He further states that these individuals are seen as being 'sick' and 'useless' as they are unable to work and therefore unable to contribute to the economy (Hunt, 1988). In addition, they are perceived as being a 'minority' group and seen as being 'abnormal' and 'different' from 'normal society' (Hunt, 1988). Furthermore, from the medical model viewpoint, it is the responsibility of the individual with the disability to modify, be fixed, cured or changed in order to 'fit into' the 'normal' world (Burchardt, 2004). According

to Burchardt (2004:736) disability is defined as being “any limitation in functioning or participation in society are seen as the direct result of a medical condition. The emphasis in the individual model tends to be on curative or rehabilitative strategies - changing the individual to fit society - which implicitly regard the environment as fixed and neutral.” Consequently, within the medical model, medical practitioners pathologise people with disabilities and concentrate on their impairment. Their main focus is on rehabilitating or ‘fixing’ people with disabilities so that they are able to fit into the non-disabled world (Marks, 1999; Abberley, 1996; French, 1993; Barnes, 1990; Oliver, 1986). Accordingly, impairment is seen as being the source of disablement (Barnes, 2000). Those who hold a medical model view towards disability regard non-disabled people as representing ‘the norm’ and people with disabilities are seen as differing from ‘the norm’, having a deficit that needs to be cured or fixed. According to Barnes and Mercer (1996), from this view, an individual is ‘disabled’ by their impairment.

Within the medical model, decisions affecting people with disabilities are generally undertaken by people without disabilities who have placed themselves in positions of authority. Subsequently, the scenario arises where people with disabilities are disempowered as those (people without disabilities) making decisions over their lives have little or no understanding of their real needs and experiences. Those who adopt the medical model define people with disabilities as being ‘afflicted’ with an illness or medical condition. The medical model promotes the view of a person with a disability as being dependent and needing to be cured or to be cared for. This, in turn, results in people with disabilities being systematically excluded from society (Watermeyer, 2013; Shakespeare, 2006; Thomas, 2004; Crow, 1996).

The following section of this chapter explores a contrasting perspective of how disability is viewed, namely, the social model of disability.

2.1.2 Social model

The social model paradigm is also known as the ‘socio-cultural model’ or ‘socio-political model’ of disability. According to Barnes (2000), in the 1970s, the idea of intrinsic physical or mental disability linked to the medical model of disability was challenged by people with disabilities, disability activists and disability theorists. This led to the social model of disability, which was developed in response to the medical model and the impact it had had

on the lives of people with disabilities (Watermeyer, 2013; Shakespeare, 2006; Thomas, 2004; Crow, 1996; Lunt and Thornton, 1994; Abberley, 1996). In 1976, the Union of the Physically Impaired Against Segregation (UPIAS) developed a definition of disability that states that disability is “the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (UPIAS, 1976:14). Oliver (1983:23) stated that the social model of disability is “nothing more fundamental than a switch away from focusing on the physical limitations of particular individuals to the way the physical and social environments impose limitations on certain groups or categories of people.”

According to Lang (2001), the social model was developed in response to a critique of the medical model of disability rather than the manner in which society is organised. Swain, French and Cameron (2003:23) state that from a social model viewpoint “disability ceases to be something that a person *has*, and becomes instead something that is done to a person.” Rather than medical professionals, people with impairments are now seen as being the experts on issues relating to themselves and the shortcomings of society in addressing their needs (Burchardt, 2004; Albrecht, 1992). Burchardt (2004:735) stated that the social model of disability “provides a way of conceptualising the disadvantage experienced by people with impairments which emphasises the social, economic and environmental barriers to participation in society.”

Within the social model of disability there is a clear division between the terms ‘impairment’ and ‘disability’ (Burchardt, 2004; Oliver, 1996; Oliver, 1995; Finkelstein, 1993). According to Burchardt (2004), ‘impairment’ is a condition of the body or mind which is attributed to an individual. On the other hand ‘disability’ can be seen as “the loss or limitation of opportunities to take part in the life of the community on an equal level with others” Burchardt (2004:736). Accordingly, disability occurs from the social, economic and physical environment where people with impairments exist, and is an outcome of a repressed interactions between individuals with impairments and the population (Burchardt, 2004; Finkelstein, 1993). Under the social model, Oliver (1995:4–5) declares that “disablement has nothing to do with the body”, and that “impairment is in fact nothing less than a description of the physical body.”

From a social model standpoint, an individual is disabled by the inability of society to include and accommodate individuals with impairments, rather than the inability of those individuals to fit into the environment. Oliver (1995) puts forward that disability is created by society and is the product of physical, organisational and attitudinal barriers that lead to discrimination. It is society that creates the barriers (negative attitudes, inaccessible buildings and transport systems etc.) that result in the disablement of people with impairments (Barnes and Mercer, 1996; Finkelstein, 1991; Oliver, 1990). From this viewpoint, if society cannot accommodate people with disabilities, then it is society that must change. Therefore, identification and removal of social barriers is seen as the manner in which to overcome disadvantage.

To conclude, the social model of disability is based on the belief that the situation of people with disabilities and the obstacles they face are a socially created phenomena that has very little to do with the impairments of people with disabilities (Watermeyer, 2013; Shakespeare, 2006; Thomas, 2004; ODP, 1997; Crow, 1996; Lunt and Thornton, 1994; French, 1993; Abberley, 1996).

2.1.3 Shortcomings of the social model of disability

One of the initial criticisms of the social model was that it was formulated predominantly by Western male wheelchair users who developed the model as a response to their experiences as people with disabilities. The social model is seen as being particular to this group and not representative of the diverse range of people, including their attributes of gender, education, wealth and race within the spectrum of disability. Furthermore, it does not speak for the rich variance of impairment covered by the term 'disability,' which ranges from sensory to intellectual to psychiatric (Watermeyer, 2013; Shakespeare, 2006; Thomas, 2004; Crow, 1996). Subsequently, the social model is regarded as being out of touch with the real needs of the majority of people with disabilities (Watermeyer, 2013; Crow, 1996; French, 1993). There are those who view the social model of disability as being counter-productive as it does not take into account the role in which impairment influences a persons' functioning in society. It does not acknowledge the roles of medicine, rehabilitation and the medical professionals that have a direct impact on some individuals with impairments (Watermeyer, 2013; Shakespeare, 2006; Crow, 1996).

It must be noted that the social model, particularly in the early days of the disability movement, was very effective in galvanising those within the disability sector. It provided people with disabilities, for the first time, with an understanding of the oppression they experienced. In this sense, it transformed the lives of many people with disabilities, enabling them to develop a new, shared sense of identity and self-worth within society (Thomas, 2004; Crow, 1996). Moreover, as a document, it also provided the disability movement with the foundation of a new political struggle. Using the social model of disability as its manifesto, this struggle had a major influence in creating new legislation on disability at an international level. Crow (1996:1) states that the “contribution of the social model of disability, now and in the future, to achieving equal rights for disabled people is incalculable.” The downside was that in becoming the banner of the revolution of the disability movement, it became rather over-simplified and the social model came to represent all that was good for disability, as opposed to the medical model, which represented all that was bad (Watermeyer, 2013).

Furthermore, Shakespeare (2006) recognises that not every person with a disability had the capacity or the desire to be political or even attend political demonstrations. Even with all the disabling factors such as inaccessible infrastructure and transport, a person with a disability may still not have the physical and/or mental energy to get to an event (Shakespeare, 2006; Crow, 1996). In a similar fashion, the social model places a heavy emphasis on the importance of the integration of people with disabilities into the open labour market and in so doing alienates those people with disabilities who are unable to participate in the mainstream workplace due to the nature of their impairment (Watermeyer, 2013). Shakespeare (2006) further argues that the social model is in danger of becoming as exclusionary as the medical model as it does not cater for people with disabilities who rely heavily on medication and care assistants. He claims that there needs to be a shift in thinking, one that accepts aspects of the medical model including a fresh acknowledgement of the importance of doctors and therapists who do not have disabilities (Shakespeare, 2006).

The social model claims that society is entirely to blame for the creation of a world that ‘disables’ people who have impairments through inaccessible environments and representations of disability in the media. In so doing, it completely side-lines any of the personal challenges and difficulties that people with disabilities may experience through the nature of their impairments (Watermeyer, 2013; Shakespeare, 2006; Crow, 1996). This is the

chief criticism of the social model: that it lays the entire disability experience of someone with impairment at the foot of society without taking into account that person's education, level of poverty, state of mental health, family dynamics and above all, their relationship with their body, specifically their impairment (Watermeyer, 2013; Shakespeare, 2006; Crow, 1996). Watermeyer (2013) recognises that the proponents of the social model were hesitant to deal with the complex issue of impairment because it exposes the diverse and unique experiences of people with disabilities. They were fearful that this diversity, along with the recognition of the medical requirements of people's impairments, would bring in aspects of the individual model and in so doing, "leave the movement vulnerable" (Watermeyer, 2013:38).

Many of those who currently criticise the social model initially found it to be incredibly helpful in transforming their views of disability at a personal level and in general. Crow (1996) relates that the social model of disability helped her to "confront, survive and even surmount countless situations of exclusion and discrimination" and comments that it has given people with disabilities an understanding of themselves "free from the constraints of disability (oppression) and provided a direction for our commitment to social change" (Crow, 1996:2). However, she recognises that the issue of impairment cannot be ignored when "pain, fatigue, depression and chronic illness are constant facts of life for many of us" (Crow, 1996:2). This highlights the fact that while there are societal factors that oppress people with disabilities, the importance of the everyday life experience of their impairments cannot be discarded (Watermeyer, 2013; Shakespeare, 2006; Crow, 1996). In this sense, the rejection of the impairment debate is ultimately self-defeating to the disability cause. This becomes evident when people with disabilities endeavour to create awareness of disability in society at large. If people with disabilities do not discuss the impact of their impairments on their lives when educating their non-disabled peers about disability, they are only providing a partial picture and denying everybody a true understanding of the lived disability experience (Crow, 1996:4).

Another downfall of the social model is that it holds the simplistic belief that the removal of all social barriers will create a "Utopian society of complete equity and equality" (Watermeyer, 2013:39). The example of assistive technology is useful to explain this point. The social model proposes that if people with disabilities were provided with all the

technology that they required to create ‘barrier-free’ social environments, they would essentially cease to be disabled. This viewpoint ignores any other impact that their impairment may have in their daily lives. This is entirely unrealistic and all the assistive technology available could not meet “the diverse and complex needs of a highly varied impaired population” (French, 1993 in Watermeyer, 2013:39). In addressing shortcomings of the social model, some disability researchers have put forward that the time is ripe to come up with a new model of disability: a model that is not designed around rigid ideologies but rather one that incorporates valuable aspects of the medical model of disability (Shakespeare, 2006). A model that explores new avenues such as the psychological factors that underlie the disability experience is required (Watermeyer, 2013).

2.2 Defining people with disabilities

People with (and without) disabilities wish to find employment in order to earn a living, live independently and make social contacts. They differ enormously in age, place of residence, personality, educational level, skills, abilities and aspirations (Murray and Heron, 1999:iii). Definitions of disability reflect society’s view of people with disabilities and the language used to discuss disability affects the way society interacts and treats people with disabilities. The definitions of disability need to be explored, examining whether they have their roots based on the medical or social model of disability, as this will ultimately impact on how an employer integrates an employee with a disability.

The term ‘disability’ is a controversial and complicated concept to define and measure. People with disabilities are often categorised into groups in order to access health services, education and social grants (Kearney and Kane, 2006; Howell, 2006; Deal, 2003). Rather than people with disabilities benefiting from a definition that would be useful for positive action, development and social integration, many definitions serve to discriminate, exclude or marginalise individuals with disabilities (Elliott, Utyasheva and Zack, 2009; Ngwena, 2007; Ngwena, 2006; Howell, 2005; Van Rooyen, Le Grange and Newmark, 2002; CASE, 1999; ODP, 1997).

There are many classifications of definitions of disability, including biomedical (disability linked to illness or impairment), philanthropic (disability seen as tragedy), sociological (disability viewed as human difference) and economic definitions (disability linked to

additional costs) (Swain, French, Barnes and Thomas, 2004; Barnes and Mercer, 2003; Barnes and Mercer and Shakespeare, 1999; Filmer, 1998; Oliver, 1996). More appropriate definitions of disability, applicable to the purpose of this study, are based on the social model and include: “Disability is the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity” (British Council of Organisations of Disabled People, 2002:2).

In June 2007, the South African Government signed and adopted the United Nations’ (UN) *The Convention on the Rights of People with Disabilities (CRPD)*. The Convention provides a definition of a person with disabilities that states: “Persons with disabilities include those that have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation on an equal basis with others” (UN, 2006: Article 1 Purpose). This definition has its roots in the social model of disability as it makes the link between impairment and the environment.

Definitions of disability vary, reflecting changing paradigms over the years. Historically, definitions were medically based and focused on the inabilities of the individual, providing the basis of the medical model of disability. An example of this is the World Health Organization’s (WHO) 1984 definition of disability as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or with the range considered normal for a human being” (WHO as quoted in UN, 1983:2). The rise of the disability movement and subsequent introduction of the social model of disability raised the profile of disability rights. In line with basic human rights, people with disabilities were now viewed as having equal rights, and definitions of disability changed accordingly.

In line with the social model view of disability, the WHO modified its definitions and classification of people with disabilities. It created a guideline for measuring both health and disability known as *The International Classification of Functioning, Disability and Health (ICF)*. The ICF “puts the notions of ‘health’ and ‘disability’ in a new light. It acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability” (WHO, 2001). It mainstreams the experience of disability and recognises it as a universal human experience. By shifting the focus “from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric -

the ruler of health and disability. Furthermore, *The ICF* takes into account the social aspects of disability and does not view disability only as a ‘medical’ or ‘biological’ dysfunction” (WHO, 2001:1). *The ICF* includes contextual factors where environmental factors are recorded, and examines the impact of the environment on the person’s functioning. *The ICF* is “an umbrella term incorporating impairments, activity limitations, and participation restrictions as a part of a broader classification scheme” (Mitra, 2005:1). These include the following: body functions, body structures, activities and participation and environmental factors that are in line with the social model of disability (Mitra, 2005; WHO, 2001). Rather than being labelled as having a disability, which is based on a medical condition, *The ICF* classifies individuals according to the in-depth description of their functioning within various domains. It describes the manner in which people live with their health condition and is a classification of health and health-related domains that describe body functions and structures, activities and participation. These fields are grouped according to body, individual and societal perspectives. Since a person’s functioning and disability occur in context, *The ICF* also contains a list of environmental factors (WHO, 2001).

People with disabilities are not a homogenous group; their disabilities range from mild to severe, they may be constant or episodic and they may be congenital (born with disability) or acquired later in life. Their disability may have little or major impact on their employment abilities and participation in society. Some require a lot of support and assistance, while others do not, with many variations in between (ILO, 2010). What is important to note is that although people with disabilities should not be seen as an homogenous group, the majority experience challenges and discrimination, not just with the physical environment, but the cultural and legal environment as well (Braithwaite and Mont, 2009; Gregory, 1993).

Furthermore, causes of disability can be divided into many groups, including congenital, where a person was born with a disability and late-onset, where they acquired a disability later in life. Some forms of disability are progressive (such as cystic fibrosis and muscular dystrophy), others episodic (such as Epilepsy) or static (such as the loss of a limb). Other forms of disability may occur and then go into remission, such as cancer. Some disabilities are not visually apparent (deafness and diabetes). All have differing degrees of severity.

2.3 Theoretical framework

In essence, the study will adopt the social model of disability as its theoretical framework. This is because, despite its shortcomings, the focus of the social model is on the abilities of the individual rather than their impairment. This is in contrast to the medical model, which focuses on what a person with a disability cannot do, thus hindering the empowerment of people with disabilities in general. Furthermore, the medical model is prescriptive and therefore, “limits the capacity of the disabled person to participate in the mainstream of society” (UNESCO, 2002:21). While it is necessary to critique the medical model, particularly as the source of inaccessible built environments and stereotypical representations of disability within society, it is important to acknowledge that it does possess some key attributes that support and assist people with disabilities. In particular, this includes the enabling role that medicine plays in the lives of many people with disabilities. At the same time, it is important to recognise the frailties of the social model, specifically its denial of impairment. As mentioned in Chapter 1, an underlying aim of this study is to appreciate the diversity of people’s experience of disability, particularly when the participants appear to have the same impairment. It is commonplace, understandably, for people without disabilities to assume that all blind people, for example, share the same experiences. This study wishes to illuminate that not all the experiences of similar disabilities are the same. Simultaneously, the study explores the different relationships that people with disabilities have developed with their bodies (and environments) so that a deeper appreciation of the complex nature of disability as a whole can be reached. It is felt that this interrogation and exploration is necessary to ensure that the path from exclusion of disability towards inclusion is a successful one.

2.4 Conclusion

This chapter provided the theoretical framework underlying this study relating to disability and people with disabilities in employment. It began by describing the importance of paradigms and this was followed by explanations of the medical and social models of disability. The chapter then provided information on the differing definitions of people with disabilities and how these link to either the medical model or social model view on disability. It was then explained how the study adopts the social model of disability, with recognition of its shortcomings, as the theoretical framework behind the research.

The following chapter examines existing research on issues surrounding disability and people with disabilities both globally and within South Africa that are relevant to this study. It provides information on both global and South African public policies that relate to the education of children with disabilities, as well as to the employment of people with disabilities. It also examines the education of children and youth with disabilities and the subsequent impact this has on the integration and retention of adults with disabilities in employment. Moreover, it further examines the challenges experienced in these areas.

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Chapter 3

Literature review

Woman and men with disabilities can and want to be productive members of society. In both developed and developing countries, promoting more inclusive societies and employment opportunities for people with disabilities requires improved access to basic education, vocational training relevant to labour market needs and jobs suited to their skills, interests and abilities, with adaptations as needed. Many societies are also recognising the need to dismantle other barriers – making the physical environment more accessible, providing information in a variety of formats, and challenging attitudes and mistaken assumptions about people with disabilities (ILO, 2009:2).

3.1 General situation	3.2 Preparation for employment	3.3 Employment
Global policy	Onset of disability	Employment integration
SA policy	Education	Employment retention
Global disability prevalence		
SA disability prevalence		

Introduction

This chapter is divided into three main sections, namely, *General Situation of people with disabilities*, *Preparation for employment of people with disabilities*, and *Employment of people with disabilities*. The *General situation of people with disabilities* section begins with providing an analysis of both the global and South African disability and employment policy frameworks. It then provides a discussion surrounding the shortfalls of some of these policies and how these influence people with disabilities in employment. Data relating to both global and South African disability prevalence and possible reasons for the inaccuracies of these figures is then provided. Using the data obtained from the DOL's annual CEE reports, the numbers of people with disabilities in employment in South Africa are then discussed. To conclude, this section examines some of the possible reasons for the poor representation of people with disabilities in employment in South Africa.

The section on *Preparation for employment of people with disabilities* provides a discussion surrounding the onset of a persons' disability and the influences this has on education and employment. It is followed by examination of the global educational trends and how these, together with a transformation of education post-1994, influenced the education of children

and students with disabilities in South Africa. This section concludes with a discussion on the direct link between education and employment.

3.1 General situation of people with disabilities

In this section of the chapter literature relating to global policies on disability, South African policies on disability, statistics on the numbers of people with disabilities as well as the situation in South Africa.

General situation of people with disabilities			
Global policy	SA policy	Global disability prevalence	SA disability prevalence
Birth of human rights	SA situation		Employment statistics
Disability and employment	Shortfalls		Areas of inconsistencies
Disability movement	Summary		Possible reasons
Policy types			
Dominant policies			

3.1.1 Global disability policy

The following information presents international public policies that make explicit reference to people with disabilities and employment. The rationale behind this is that global trends relating to disability and employment have an impact on policy in South Africa. This section explores the beginnings of human rights and disability employment policy through the United Nations (UN) and the International Labour Organization (ILO). It follows the progression of these policies and tracks the influence of both the medical and social models of disability throughout the 20th century and into the new millennium. Dominant policy types are then explored along with the differing regional policies that have been developed and implemented in the developed economies. The relative successes and shortcomings of these policies are also examined.

3.1.1.1 Introduction

As discussed in Chapter 2, *Theoretical framework*, the differing models of disability have a direct impact on how disability is viewed and how people with disabilities are integrated into society. The medical model of disability has more recently been replaced with the social

model view of disability (Campbell and Oliver, 1996; Barnes, 1991; Oliver, 1990). These models have a mirrored effect on legislation pertaining to people with disabilities and their integration and retention in employment. According to Goss, Goss and Adam-Smith (2000) recent moves away from a medical view towards a social model standpoint have positively impacted the employment opportunities of people with disabilities. Yeo (2005) states that there has been a noticeable change in the awareness shown to disability in recent years. This increase in visibility is a result of the growing disability movement together with the civil and human rights movement. Globally, numerous governments have passed new legislation concerning people with disabilities and many provide guidelines and policies relating to the need to integrate people with disabilities in employment (Yeo, 2000). Despite this, “the extent to which changes in legislation and documentation reflect change in practice is more debatable” (Yeo, 2005:4).

3.1.1.2 The birth of human rights and disability employment policy

Since the 1940's, the UN has been actively involved in the promotion of the rights and equality of all people, including people with disabilities in social life and development. It provides assistance to member states around the globe in attaining equality. The UN has specialised agencies to advance the situation of all people around the globe, and does not exclude people with disabilities. Currently, these agencies include the Secretariat for the Convention on the Rights of Persons with Disabilities; Disability and Development; Disability and Decent Work; Disability Definition and Statistics; Disability and Education; Disability and Family; Disability and Health; Disability and ICT; Disability in Rural Areas; and Disability and Youth. Focusing on employment, the International Labour Organisation (ILO) is the UN's specialised agency that is dedicated to ensuring fair and decent conditions of labour globally. The ILO was founded in 1919 and is the oldest of the specialised technical agencies of the UN system. When it comes to disability, the ILO aims to promote equal opportunities in training and employment of people with disabilities. It works to achieve this via its research on good practice, through disability advocacy projects both internationally and in South Africa, as well as through technical cooperation projects (ILO, 2007).

According to O'Reilly (2003), during the Second World War, attention was focused on vocational rehabilitation and employment opportunities for people with disabilities mainly due to the high number of people who were rendered disabled by the war, and the need to

find trained workers to fulfil jobs left vacant by mobilised workers. The ILO's *Recommendation Concerning the Minimum Scale of Workmen's Compensation (No 22)* of 1925 was the first international document containing provisions associated to the vocational rehabilitation of employees with disabilities (O'Reilly, 2003). One of the groups specifically included in the *Recommendation* was employees with disabilities, who should be provided with full opportunities for employment (O'Reilly, 2003).

In 1944 the ILO published *Employment (Transition from War to Peace) Recommendation (No 71)*, which proposed that people with disabilities work under the same conditions as all other employees, receive equal pay, and that training be provided to assist them in entering and remaining in employment. The ILO called for "equality of employment opportunity for workers with disabilities and for affirmative action to promote the employment of workers with serious disabilities" (ILO, 2009:5). The act was regulatory in nature with quota schemes attached. These demanded that employers who had more than 20 employees had to have people with disabilities representing three percent of their workforce. This quota system was not strictly enforced by the state, however, and employers could easily acquire exemption permits. Subsequently, it did little to increase the number of people with disabilities in employment (Barnes and Mercer, 2005).

On 10 December 1948, the United Nations General Assembly adopted *The Universal Declaration of Human Rights (Article 23)*. It is made up of 30 articles that have been expanded upon in updated international treaties, regional human rights instruments, national constitutions, and global laws (see *Bill of Human Rights*). It states that human rights and fundamental freedoms are the birth right of all people. According to Degener and Quinn (2000), there has been some criticism that the *Declaration* does not specifically mention people with disabilities; that people with disabilities were not included as a distinct group vulnerable to human rights violations; and also that disability is not mentioned as a protected group. However, it does state that "all human beings are born free and equal in dignity and rights" (Article 1) and that "everyone is entitled to all the rights and freedoms set out in (the) Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Article 2). This means that even though the *Declaration* does not specifically mention people with disabilities, they are covered by the terms 'all' and 'everybody' (O'Reilly, 2003). A number

of the articles of the *Declaration* relate directly to employment. These include Article 22 on the right to social security, and Article 23 (1) on the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against employment. Further articles include Article 23 (2) on the right to equal pay for equal work, and Article 23 (3) on “the right of everyone who works to just and favourable remuneration” (UN, 1948 as quoted in O’Reilly, 2003:12).

Other ILO policies that followed included the ILO *Vocational Rehabilitation (Disabled) Recommendation (No 99)*, which was adopted in 1955 and is seen to be one of the most important international policies relating to the right to employment of persons with disabilities (O’Reilly, 2003). It served as the foundation for national legislation and implementation with regard to vocational guidance, vocational training and the placement of persons with disabilities. Years later, the ILO *Convention Concerning Human Resources Development (No 142)* (ILO, 1975a), and *Recommendation (No 150)* (ILO, 1975b) of 1975 aimed to encourage, assist and enable people with disabilities to exercise their right to work on an equal basis and without discrimination (O’Reilly, 2003). The recommendation accompanies *The Convention Concerning Human Resources Development* of 1964 (ILO, 1964). It outlines how the provisions of this Convention “should be effected, reinforcing the principle of mainstreaming in vocational guidance and training, highlighting the importance of educating the general public, employers and workers in relation to the employment of persons with disabilities, and calling for adjustments in the workplace, where necessary, to accommodate disabled workers” (O’Reilly, 2003:3).

Despite the ILO call for equality of employment opportunity for workers with disabilities, as well as the establishment of the UN’s *Universal Declaration of Human Rights*, policy of this era (1940s up to the 1980s) was still strongly individualistic in nature, regarding the disabled worker as a tragic figure who could not be expected to perform on a par with fellow employees without disabilities (Barnes and Mercer, 2005; Lunt and Thornton, 1994). Furthermore, in this given context the employer would expect compensation for including people with disabilities in his or her workforce. As opposed to making an accessible workplace supportive of employees with disabilities, policy makers devised two basic methods to make workers with disabilities appealing to the employer: through “wage subsidies to affect the demand for labour; or by affecting the supply of labour by making the

worker more relevantly trained through vocational (re)training” (Lunt and Thornton, 1994:225).

The UN’s *Declaration on the Rights of Mentally Retarded Persons* in 1971 and its *Declaration on the Rights of Disabled Persons* in 1975 first introduced the human rights standpoint for the equalisation of opportunities for people with disabilities (Metts, 2000; Oliver, 1996). This coincided with the ILO Resolution concerning *Vocational Rehabilitation and Social Reintegration of Disabled or Handicapped Persons* (ILO, 1975c), adopted on 24 June 1975. Although it is short, it is particularly important for the following reasons. It stated that too many people with disabilities, most of whom lived in developing countries, had very few employment opportunities and called on “all public authorities and employers’ and workers’ organisations to promote maximum opportunities for disabled persons to perform, secure and retain suitable employment” (O’Reilly, 2003:16). O’Reilly (2003) further states that in collaboration and coordination with the United Nations, its specialised agencies, and international, regional and non-governmental organisations, this Resolution called for a comprehensive campaign that resulted *The International Year of Disabled Persons* (UN, 1981), and *The World Programme of Action concerning Disabled Persons* (WPA)(UN, 1982), adopted by the General Assembly in 1982 (O’Reilly, 2003).

3.1.1.3 Establishment of the disability movement and social model of disability

Influenced strongly by the growing disability movement, *The WPA* represented the first official recognition of disability rights in the international arena, stating that “efforts should be made to integrate the disabled in the development process and that effective measures for prevention, rehabilitation and equalisation of opportunities are therefore essential” (UN 1982:17). According to Metts (2000), *The WPA* introduced the social model of disability into policy and also kick-started the UN Decade of Disabled Persons (1983–1992) (UN, 1983a), after which the UN adopted the *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities* (UN, 1993b) in 1993 (Metts, 2000). *The UN Standard Rules*, together with *The WPA*, can be seen as a landmark policy for people with disabilities and was designed to serve as a “blueprint for policy-making and provide a basis for technical and economic cooperation among States” (Lord, Posarac, Nicoli, Peffley, McClain-Nhlapo, and Keogh, 2010:4). Despite *The Standard Rules* not being enforceable by law, they have

established a global standard regarding anti-discriminatory and inclusive policy and have prompted governments to take disability rights more seriously (Yeo, 2005).

In a local continental context, the Organisation of African Unity (OAU), heads of state and government declared the years 1999–2009 as the African Decade of Disabled Persons in July 2000. The aim of this decade was the full participation, equality and empowerment of persons with disabilities in Africa. It provided “a range of measures to be undertaken by member States, in order to meet the objectives of promoting the participation of persons with disabilities in the process of economic and social development, and to ensure and improve access to training and employment” (Lord et al., 2010:37).

In 2002, the ILO developed a *Code of Practice: Managing Disability in the Workplace* (ILO, 2002). It provides a tripartite (government, worker representatives and employers) non-binding set of rules and procedures and covers the following areas: recruitment of people with disabilities; promotion and advancement of employees with disabilities; retention of people who acquire disability; and return to work of people who have left employment because of disability (ILO, 2002). Furthermore, it encourages “the ‘competent authorities’ to provide guidance, services and incentives to employers to retain people and to encourage employees to resume work speedily” (Wynne and McAnaney, 2004:19).

The UN General Assembly’s Sixty-first session (Item 67 (b)); *Convention on the Rights of Persons with Disabilities (CRPD)* was held on 6 December 2006 (UN, 2006). According to Kayess and French, (2008:2), *The CRPD* has been regarded as, “a great landmark in the struggle to reframe the needs and concerns of persons with disability in terms of human rights.” The main purpose of *The CRPD*, which can be found in Article 1, is to, “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (UN, 2006:Article 1). The General Assembly adopted *The CRPD* and its *Optional Protocol* on 13 December 2006. This convention highlights “a historic step to ensure that all disabled people enjoy full participation as equal citizens in society – in education, employment, health, access to buildings and other facilities, and access to justice” (UN, 2006:2). This convention was seen as being the first comprehensive human rights treaty of the 21st century, as well as the first human rights convention to be open for signature by regional integration

organisations. South Africa was one of the first signatories. Article 27 makes specific reference to the rights of people with disabilities in work and employment. It states that people with disabilities have the right to freely selected employment, on an equal basis in an accessible environment (Guernsey, Nicoli, and Ninio, 2007). *The CRPD* prohibits all forms of discrimination in employment, promotes access to vocational training and opportunities for self-employment, and calls for reasonable accommodation in the workplace (WHO, 2011). It has been seen as “a great landmark in the struggle to reframe the needs and concerns of persons with disability in terms of human rights” (Kayess and French, 2008:1). In addition, *The CRPD* has been seen as empowering the globe’s largest minority so that people with disabilities are able to access their rights and participate in international and national events on a par with everyone else (Kayess and French, 2008).

3.1.1.4 Policy types

Policies on disability and employment belong to three overarching categories according to Semlinger and Schmid; these comprise of *regulations*, *counterbalances* and *substitutions* (Semlinger and Schmid in Mont, 2004). *Regulations* (emphasis in original) lay out legal criteria for employers to follow and influence the demand side of the workforce as they call for employers to recruit workers with disabilities. Typically, this type of policy makes use of quota systems (set number/percentage of workers with disabilities) and penalties, which employers must pay if they do not comply with the quota required. Similar policies will require a certain number of workers with disabilities for specific contracts, for example, government tenders (Semlinger and Schmid in Mont, 2004). *Counterbalances* are formulated to enhance the productivity of workers with disabilities, thereby increasing their skills to make them more attractive to employers. Based on the premise that workers with disabilities possess limited skills in relation to the demands of the open labour market, these policies generally include structures such as wage subsidies and monies to cater for reasonable accommodation (Barnes and Mercer, 2005). Furthermore, these policies affect the demand side, by providing financial assistance to employers to recruit workers with disabilities, as well as the supply side in that they promote increased productivity from these workers (Semlinger and Schmid in Mont, 2004). Finally, *substitutions* represent policies that regard people with disabilities, or a subset of people with disabilities, as unable to take any part in the open labour market. These policies relate to schemes such as sheltered employment or “specially arranged jobs in the public or private sector” (Semlinger and Schmid in Mont,

2004:11). Such policies are not popular within the disability sector. They are viewed as exclusionary and the segregated system of labour is regarded as degrading to people with disabilities. Sheltered employment denies people with disabilities the opportunity to develop the skills necessary to integrate into the open labour market and so creates a self-fulfilling prophecy of their dependence on the sheltered employment system. Furthermore, the situation creates a power dynamic heavily in favour of those running the scheme who can easily manipulate things to their advantage (Mont, 2004). This study is less concerned with *substitution* policies but it is important to note them as they represent the traditional, medically model-based alternative to movements towards integrated employment. Looking deeper at the outlook of the other two policy types, policies that are strictly framed by regulations hold the viewpoint that people with disabilities have a rightful place in the open labour market and that they can be accommodated at minimal expense. Counterbalances are introduced when the productivity gap between people with and without disabilities is deemed too broad and in need of systems to alleviate “the cost of those gaps from employers to the general public” (Mont, 2004:12).

Tying in with the above, the Organization for Economic Cooperation and Development (OECD) report entitled *Transforming Disability into Ability* (2003) expands upon compensation policy versus integration policy approaches (Mont, 2004). As it suggests, compensation policy proposes a system of adequate benefits and/or payments to people with disabilities instead of economic integration. Such a system promotes a high level of benefit dependency among people with disability and low levels of employment. On the other hand, integration policies encourage employment and put regulations in place to alleviate any extra costs involved with the recruitment of people with disabilities. These policies tend to have a strict set of criteria regarding benefits alongside a reduced level of payments (Mont, 2004). The different strengths of these two policy approaches vary from country to country. However, as a result of the influence of the social model of disability, OECD countries have generally adopted an integration policy approach moving away from the compensation standpoint (Mont, 2004).

3.1.1.5 Dominant policies of the Western world

Looking broadly at differing regional policy approaches, two predominant paradigms emerged in Westernised countries. The United States of America developed the *Americans with Disabilities Act (ADA)* of 1990, which is a strong civil rights-based policy with stringent anti-discrimination measures (Schartz, Schartz, Hendricks, and Blanck, 2006). It is dedicated to increasing employment of people with disabilities and creating equal opportunities for them within the open labour market. The act is enforceable by law and people with disabilities have legal recourse for any discrimination they might have experienced. The success of *The ADA* has been hard to measure due to differing interpretations and definitions of disability expressed by research participants. However, most researchers agree that the act was most effective in stopping people losing their jobs if they acquired a disability while being employed (Schartz, Schartz, Hendricks, and Blanck, 2006; Mont, 2004; Russell, 2002).

Disability employment policy in Europe differs from *The ADA* in that it is framed around mandatory employment quotas, combined with a high level of government interventions (Goss et al., 2000; Lunt and Thornton, 1994). The European Union (EU) focused on social inclusion as well as strong social protection systems to promote employment among people with disabilities. Despite these measures, however, increase in participation of people with disabilities in the workplace has not improved much. This experience is shared with other developed countries, such as Canada, which have also implemented inclusionary systems combined with state intervention measures (Wynne and McAnaney, 2004).

The Disability Discrimination Act (DDA) adopted by the United Kingdom in 1995 is somewhat different from the two approaches above. Its anti-discrimination standpoint is limited compared to *The ADA* and it has not adopted any employment quotas or mandatory regulations placed upon employers as those within the European Union (Goss et al., 2000:807; Lunt and Thornton, 1994). The New Labour government that formulated the policy introduced its “commitment to ‘mutuality’ or the right obligations of society and disabled people toward each other” (Barnes and Mercer, 2005:535). Subsequently, *The DDA* brings specific elements from the social model of disability into the open labour market. However, despite the dedication to increased employment of people with disabilities through its welfare-to-work scheme, the outcome has not been particularly positive. Frequent problems cited include salaries being too low, financial penalties for those giving up their

welfare benefits, bad working conditions and little opportunity for career advancement (Barnes and Mercer, 2005). When it comes to disability legislation in developing countries, specifically in African countries, Opini (2010), states that information is either lacking or extremely limited.

In judging the success and failure of international policies related to disability employment, particularly from a social model point of view, Barnes and Mercer (2005) have identified three telling factors. Firstly, people with disabilities are denied opportunities to employment not because of their impairment, but rather because of the social dynamics that constitute the open labour market. Secondly, people with disabilities looking for mainstream employment find themselves up against an exclusionary society as a whole, consisting of inaccessible systems of transport, education and the built environment, not to mention negative or stereotypical cultural and media attitudes towards disability. Thirdly, when taking into account the extent of this social exclusion, it is unlikely that specialised policy interventions solely focused on employment will have any substantial impact (Barnes and Mercer, 2005).

3.1.2 Disability policy in South Africa

The South African government has developed many policies post 1994 but most of these do not address the needs of people with disabilities (OSDP, 2000: vi).

This section provides an analysis of the South African disability and employment policy framework. It begins by providing a summary of the differing policies that directly affect people with disabilities entering into and remaining in employment. An account of some of the shortfalls of these policies will be provided. This impacts on the employment integration and retention of people with disabilities in South Africa.

3.1.2.1 Background to disability policy in South Africa

Mitra (2008) states that post-1994 South Africa has, unlike most developing countries, a multi-layered disability policy and several legislations protecting the rights of people with disabilities. According to the South African Human Rights Commission (SAHRC) (2002:6) laws are an important mechanism, “to redress the systemic inequalities and unfair discrimination that remain deeply embedded in social structures, practices, attitudes and environments.” During the 1990s a number of progressive legislative measures were taken by

the government of South Africa to end and redress the inequalities of the past (Thomas and Jain, 2004; SAHRC, 2002). This was in order to equalise opportunities, address and prevent previous political, economic and social imbalances faced by the majority of people in South Africa before 1994. When it comes to equalising opportunities in employment for people with disabilities in South Africa, the following policies and legislations are examined as they impact both directly and indirectly on the employment integration and retention of people with disabilities (Sing, 2012):

- *The Constitution of the Republic of South Africa* (1996), which guarantees the rights of people with disabilities to equal treatment and to enjoy the same rights as all South Africans;
- The White Paper on an *Integrated National Disability Strategy* (1997), which highlights the need to integrate disability issues in all government development strategies, planning and programmes;
- *The Employment Equity Act* (Act No 55 of 1998) which prohibits unfair discrimination in the workplace against people from designated groups;
- *The Skills Development Act* (Act No97 of 1998) aims to improve the skills of national workforce to facilitate economic and employment growth, and social development;
- *The Promotion of Equality and Prevention of Unfair Discrimination Act* (Act No4 of 2000) prohibits individuals and the state to discriminate based on race, gender and disability;
- *The Promotion of Equality and Prevention of Unfair Discrimination Act* (2000);
- *The Code of Good Practice on the Employment of People with Disabilities* (2002) which is an implementation guide for employers to assist in promoting equal opportunities and fair treatment for people with disabilities as legislated by *The EEA*.

On 8 May 1996, the *New Constitution of South Africa (The Constitution)* (Act No 108 of 1996) was adopted, which guarantees fundamental rights and the right to freedom from all discrimination (Republic of South Africa, 1996a). Chapter 2 (the *Bill of Rights*) of *The Constitution* contains an equality clause. This states that no person may be unfairly discriminated against, and that all South Africans have equal rights and equal status in society. Section 9(3) specifically mentions that no one may unfairly discriminate both directly or indirectly against people with disabilities. *The Constitution* aims to eliminate unfair discrimination and states that everyone is equal before the law, and has the right to

equal protection and benefits of the law (Section 9(1)). *The Constitution* can be seen as the bridge remedying the unjust past with the democratic future and thus restoring human dignity for all (Sing, 2012; Dupper, 2007). The United Nations states that *The Constitution* provides the cornerstone

to overcome the legacy of apartheid, predicated on the country's collective desire to heal the divisions of the past and to establish a society based on democratic values, social justice and fundamental human rights and to progressively improve the quality of life for its people and to build a united democratic South Africa able to take its rightful place among the community of nations (2012:3-4).

The Constitution extends basic rights to all South Africans for the first time, and marks an important milestone in the struggle that people with disabilities have been through (Howell, Chalklen, and Alberts, 2006; Howell, 2005). When it comes to the employment of people with disabilities in South Africa, the impact of *The Constitution* is substantial. Firstly it prevents both direct and indirect unfair discrimination relating to the disability status of an employee with a disability. Secondly, it provides corrective measures designed to remedy the unfair discrimination of the past through modifying the manner in which employees with disabilities are treated. This includes affirmative action measures targeting employees with disabilities. It is also important as it recognises that people with disabilities “have been, and continue to be, discriminated against because of their disability” (Howell et al., 2006:47). Finally, *The Constitution* guarantees compliance with international best practices including the UN and ILO conventions (Van Staden, 2011).

On 1 May 1997 the Office on the Status of Disabled Persons (OSDP) was established and moved to the Presents Office in 1999. In November 1997, the South African government adopted the OSDP's White Paper on *Integrated National Disability Strategy (INDS)*, which is premised in *The Constitution* and based on the social model of disability (Sing, 2012; Howell et al., 2006; Howell, 2005; Lomofsky and Lazarus, 2001). Former South African president Mr Thabo Mbeki stated that, “the emphasis [of our policy] is on a fundamental shift in how we view disabled people, away from the individual medical perspective, to the human rights and development of disabled people” (OSDP, 2000: Foreword). *The INDS* represents the government's thinking on how to develop the potential of people with disabilities, as well as promote and protect their rights (OSDP, 2000). It provides concrete steps that need to be taken in order for people with disabilities to access the same basic rights and responsibilities

as all other South Africans (Lomofsky and Lazarus, 2001). *The INDS* aims to include people with disabilities in the development of specific policies and legislation (ODP, 2000). It can be seen as the South African government's official policy framework for disability equity. The aim of this document is to ensure that government departments make their policies, procedures, practices, strategies, planning and programmes integrative and inclusive of disability (Howell, 2005). It provides key findings and recommendations and aims to:

change attitudes, perceptions and behaviour towards people with disabilities, thus creating a work environment in which disability issues and the needs of people with disabilities are fully integrated as matter of cause, not as an afterthought or special favour (OSDP, 2000: ii)

The INDS provides policy guidelines concerning prevention, public education and awareness raising, health care, rehabilitation, barrier-free access, transport, communications, data, information and research, education, employment, human resources development, social welfare and community development, housing, and sport and recreation (OSDP, 2000). This strategy provides a situational analysis, national international context, policy guidelines, legislation and monitoring, progress to date and recommendations (Howell, 2005). It further states that people with disabilities, as well as their families, experience exclusion for many reasons including:

- The political and economic inequalities of the apartheid system
- Social attitudes that have perpetuated stereotypes of people with disabilities as dependent and in needs of care
- A discriminatory and weak legislative framework that has sanctioned and reinforced exclusionary barriers (OSDP, 2000:2).

Finally, *The INDS* acknowledges that society, including the physical environment, requires substantial changes in order for all citizens, including people with disabilities, to fully participate in society and to meet their needs (Howell, 2005; Lomofsky and Lazarus, 2001). *The INDS* together with the OSDP can be seen as “critical milestones in the history of the disability rights struggle in South Africa”(Howell et al., 2006:67).

To redress the inequalities and discrimination in the workplace, the Department of Labour introduced *The Employment Equity Act (EEA)* (Republic of South Africa, 1998). According to Thomas and Jain (2004) South Africa's *EEA* was on modelled the Canadian Federal

Employment Equity Act of 1986. It prohibits discrimination in all employment practices: applications, hiring, firing, advancement, compensation, training, conditions and privileges. *The EEA* recognises that there are disparities in employment, occupation and income that are a direct result of apartheid and other discriminating laws and practices. It further acknowledges that as a result of these disparities, people from designated groups (people who are black, coloured and Indian, women and people with disabilities) were at a pronounced disadvantage (Republic of South Africa, 1998). It ensures that people from designated groups are equally represented in the workforce in all occupational categories and levels (Thomas and Jain, 2004; Thomas, 2002). *The EEA*:

- Promotes the constitutional right of equality and the exercise of true democracy;
- Eliminates unfair discrimination in employment;
- Ensures the implementation of employment equity to redress the effects of discrimination;
- Promotes economic development and efficiency in the workforce;
- Gives effect to the obligations of South Africa as a member of the International Labour Organisation (Republic of South Africa, 1998:1).

Mitra (2008) states that *The EEA* goes beyond civil rights enforcement by requiring employers provide reasonable accommodation for people with disabilities in employment. *The EEA* is seen as one of the most significant legislative and policy interventions “within the ethos of South Africa’s new constitution to give effect to the provisions relating to removal of policies, which result in inequalities in the country” (Republic of South Africa, 1998: Foreword).

It is crucial that people with disabilities belong, and contribute, to the labour market and workplace as they have the same rights as all South African citizens. *The EEA* states that when opportunities and reasonable accommodation are provided, “people with disabilities can provide valuable skills and abilities to every workplace, and contribute to the economy of our society” (Republic of South Africa, 1998: Foreword). The two principle purposes of *The EEA* are to implement positive measures to eliminate discrimination in employment, and to provide guidelines for employers to promote employment equity and equitable representation of employees from designated groups.

In 1998, *The Skills Development Act (SDA)* (No 97 of 1998) was published. It provides a framework for improving the skills of national workforce in order to facilitate economic and

employment growth, and social development (Streak, 2004). It aims to improve the employment prospects of those previously disadvantaged by unfair discrimination (people who are black, woman and those with disabilities). In addition, *The SDA* also aims to redress those who were disadvantaged through education and training systems. This includes people with disabilities who received an inferior education (see *Education* section of this chapter). Differing forms of assistance that are offered to people with disabilities are provided and these include learnerships (course and skills training) that lead to recognised occupational qualifications. Such assistance equips them to find employment either in the formal sector or enable them to become self-employed and self-sufficient. Dube (2005) states that by bringing learning and working opportunities closer to social and economic development needs, the gap between those in employment and those who are unemployed will decrease. This act was accompanied by the Skills Development Fund: all employers are required to pay one percent of their employees' salary to this fund each month. It states that the money from this fund is to be used to provide employment opportunities, small business development and special assistance for youth, woman, rural people and people with disabilities (ILO, 2006). According to Streak (2004), this in turn will assist in overcoming structural unemployment. Since this act was implemented, there have been numerous difficulties experienced with its implementation, which undermines its effectiveness as an employment creation enabler for people who are unemployed (Streak, 2004).

In March 2004, the progress of the equity targets, as per the Skills Development Fund, was 77.54% black, 20.43% woman and 0.04% people with disabilities. These figures were far below the targets of the Strategy for People with Disabilities (Commission of Social Security, 2004). When it came to the statistics on the numbers of people from designated groups attending NQF Level 1 learnerships in 2003/4, 87% were black, 33% were females and only 0.1% represented people with disabilities (Dube, 2005). Finally, Streak (2004:274) states that "even in principle the fund promises little by way of employment creation for the poor – while most of the poor are unemployed in South Africa, only about one fifth of the fund is targeted at the unemployed."

In 2000, *The Promotion of Equality and Prevention of Unfair Discrimination Act* (No 4 of 2000) (Republic of South Africa, 2000) was passed. It prohibits individuals and the state to discriminate based on race, gender and disability. It states that all South African citizens have

equal access to employment opportunities and that, in practice, this does not exclude people with disabilities. This act “endeavours to facilitate the transition to a democratic society, united in its diversity, marked by human relations that are caring and compassionate, and guided by the principals of equality, fairness, equity, social progress, justice, human dignity and freedom” (OSDP, 2000:2).

Section 6, states that no person may unfairly discriminate against any person on the ground of disability, including:

- a) Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society;
- b) Contravening the code of good practice or regulations of the South African Bureau of Standards that govern environmental accessibility;
- c) Failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons (OSDP, 2000:7).

This act identifies that past and current systematic discrimination and inequalities relating to race, gender and disability result in barriers in all spheres of life, both of which need to be addressed (DPSA in Watermeyer, Swartz, Lorenzo, and Priestley, 2006). An identified flaw in the act’s policy is that many people with disabilities do not meet the entrance requirements to complete the learnership training. This is due to inadequate educational levels received in special schools for learners with disabilities. An example of this is that matriculants who are Deaf and who were educated in separate schools for the Deaf are leaving school with an equivalent of hearing Grade Three literacy level and Grade Four numeracy level (DEAFSA, 2003).

To ensure that the rights of people with disabilities were protected in the workplace, the DOL, on the advice of the CEE, issued *The Code of Good Practice: Key Aspects on the Employment of People with Disabilities (The Code)* in August 2002 (DOL, 2002). This is one of nine codes published as implementation tools for *The EEA* (Bezuidenhout, Bischoff, Buhlungu, and Lewins, 2008). This specific code is based on the constitutional principle that no one may unfairly discriminate against a person on the grounds of disability. It is intended to help employers and employees understand their obligations and rights, as well as to provide clear guidelines on promoting equal opportunities and fair treatment for people with disabilities, as required by *The EEA* (Bezuidenhout et al., 2008). It also aims to reduce disputes and to make sure that people with disabilities can enjoy and exercise their rights at

work. *The Code* is also intended to help create awareness of the contributions that people with disabilities can make, and to encourage employers to fully use the skills of such persons. Although this act protects people with disabilities in the workplace, it is just a guide for employers and employees and was intended to assist them in understanding their rights. It needs to be noted that this code “is not an authoritative summary of the law, nor does it create additional rights and obligations. Failure to observe *The Code* does not, by itself, render a person liable in any proceedings” (DOL, 2002:6). It rather focuses on “the effect of a disability on the person in relation to the working environment” (DOL, 2002:7).

On 23 October 2007 the DOL published *The Technical Assistance Guidelines on the Employment of People with Disabilities (TAG)* (DOL, 2007), which was created to compliment *The EEA* and its code relating to the employment of people with disabilities in the South African workplace. This document provides practical guidelines and examples for employers, employees and trade unions on how to implement *The EEA* and *Code*, thereby promoting equality, diversity and fair treatment in employment through the eradication of unfair discrimination (DOL, 2003).

The purpose of *The TAG* is to assist employers by helping them to understand:

- Their obligation to implement non-discrimination and affirmative action measures with regard to people with disabilities in the workplace;
- Their right to generate economically viable enterprises;
- The opportunities that are afforded to them and their organisations through the employment of people with disabilities;
- Practical ways to move forward that are relevant to their business and that ensure the application of non-discrimination and affirmative action measures for potential and existing employees with disabilities.

The TAG assists people with disabilities and their representatives by helping them to understand the following: their right not to be discriminated against; the affirmative action measures to which they may be entitled; their obligation in participating as an informed partner with the employer in the process of employment; their right to the provision of reasonable accommodation if required; opportunities that exist to prepare for entering and

advancing in the workplace; and lastly practical ways to move forward in preparing for, and accessing, employment opportunities that may exist (DOL, 2003:3-4).

3.1.2.2 The shortfalls of public policy and legislation on disability

Today a democratic constitution is in place, with the Bill of Rights equally guaranteeing freedoms to all South Africans. Apartheid laws have been scrapped and a volume of progressive, developmental legislation is being introduced. Many of the pre-1994 apartheid barriers have been broken down. But many barriers remain, particularly for people with disabilities. It is clear that the breaking down of many of these barriers requires more than just laws. It requires attitudinal shifts (SAHRC, 2002:3).

Bezuidenhout et al., (2008) acknowledge that *The EEA* and its nine codes are the most comprehensive interventions in the South African labour market. Despite this, they state that “there is a serious need for intervention relating specifically to the employment of people with disabilities in South Africa” (Bezuidenhout et al., 2008:65). They further state that the manner in which employment equity is practised in this regard demonstrates a lack of commitment and “a lot of lip service is paid, but there is no real pressure and no demonstrable progress on this front across the sectors of the economy” (2008:65).

According to Thomas and Hlahla (2002) there are three main criticisms of *The EEA* and *Code*. Firstly the primary focus of *The EEA* is on the implementation of affirmative action measures and enforcement of employment equity targets. This results in many employers focusing purely on reaching the employment equity numerical targets and “not on identifying the talented people with disabilities, integrating them into the organisation and advancing them through the organisation in accordance with their capabilities” (Wordsworth, 2004:81). The second shortfall of both *The EEA* and *The Code*, identified by Thomas and Hlahla (2002), is that the state provides employers with little assistance in terms of technical or financial support in order to meet the requirements of *The EEA*. The third criticism is that even though *The EEA* states that fines will be issued to employers who do not comply with the minimum employment equity targets for people with disabilities, in reality, many will elect to pay the fine. This is because employers may choose to pay rather than provide reasonable accommodation for people with disabilities if they feel that the fine may be a less costly option (Thomas and Hlahla, 2002).

Bezuidenhout et al., (2008:64) state that even though the aim of *The EEA* is to redress labour market inequalities, the “success in terms of a number of objective measures of employment equity remains lacklustre.” DPSA (2001) note that even though people with disabilities are categorised as members of a designated group, they experience additional challenges that the remaining two groups do not. They state that people with disabilities:

Are the only oppressed group that has to be put through often intimidating and humiliating processes in order to identify who they are. Women and black people – both target groups for affirmative action as oppressed groups – are for example not required to go through a classification process to determine whether they indeed are black or female enough to qualify for positive measures (DPSA, 2001:1).

Barnes and Sheldon (2010) share that, on the one hand, the new policy environment in South Africa has assisted in creating unique opportunities for awareness regarding the needs of people with disabilities. On the other hand, the implementation of these policies has been hampered by numerous factors, the most notable being a lack of funding and capacity resulting in insufficient and unsuitable institutional accommodation across all spheres of government.

Bezuidenhout et al., (2008:64) express that there is some concern that *The EEA* “re-trenches apartheid obsessions with race” and that there is a need to move beyond this. They mention that excluding white women results in reduced opportunities for equity within certain sectors, such as engineering. Research was conducted by the Development Bank of Southern Africa (DBSA) in 2005 to assess the progress of the employment of people with disabilities against the current policy. The outcomes revealed that a large portion of people with disabilities felt “blocked by a lack of education on their part, lack of opportunities on behalf of their organisations, and a lack of accommodation” (DBSA, 2005:34). In addition, they noted that many employers do not see people with disabilities as being capable of conducting work in any other area than where they currently are. Together these factors impede the promotion and progression of people with disabilities in employment in South Africa.

Barnes (2003:2) states that the majority of policies introduced to prevent barriers in employment for people with disabilities have focused on the supply aspects of employment, which “reinforce rather than undermine the traditional assumption that workers with disabilities are somehow not equal to those without disabilities: the very opposite of what is

needed.” The South African Human Rights Commission (SAHRC) states that current South African legislation is “fragmented, incomplete and sometimes contradictory. It must be broadened to ensure that consistent guidelines, embodying fundamental principles, are set out, achieved and directly enforced” (SAHRC, 2002:34). Moreover, they criticise the legislation for not being clear on the repercussions of non-compliance, as well as being regularly updated, strictly monitored and imposed. They state that because people with disabilities are not a homogenous group they should not be treated as such. People with disabilities have a wide range of needs and circumstances that affect the ways “in which their rights and equal access to social and economic opportunities can be enjoyed. This must be recognised when legislation is revised to meet their requirements as citizens with measures to promote rights to equality and dignity” (SAHRC, 2002:34). They further emphasise that while legislation and policy provide vital tools for creating a just and equitable society, this alone “will not cure inherent and deeply entrenched social disorders” (SAHRC, 2002:35). The SAHRC states that in order to address this people with disabilities should be explicitly and equitably included in all plans and activities relating to their needs. Furthermore, they stipulate that is essential to include people with disabilities as equal partners in the process of developing new strategies, laws and regulations (SAHRC, 2002).

Although many countries, including South Africa, have policies that focus on people with disabilities, in reality, many people with disabilities experience ongoing difficulties that impact on their integration and retention in employment. In order to overcome these employment challenges, Barnes (2003:2) expressed that anti-discrimination policies should adopt “a more holistic approach, be strengthened and rigorously enforced.” He further states that the only way to remove barriers experienced by people with disabilities in employment is by developing and adopting clear and unambiguous policies that focus on the social organisation of employment, as well as the economic and social infrastructures that support these policies (Barnes, 2003). Policies should be holistic and inclusive of people with disabilities and include the following: education systems, health and social support services, transport systems, the built environment, housing, and leisure industries (Barnes, 2003). This is because they all directly impact on the integration and retention of people with disabilities in employment.

3.1.2.3 Public policy and legislation on disability summary

Disability legislation cannot change the attitudes of employers towards disability as the barriers that people with disabilities experience in employment are based on employers' perceptions of and attitudes to reality, rather than on reality itself (Wordsworth, 2004:8).

This section has shown that there is a multitude of policies and legislation relating to disability in general, children and students with disabilities, as well as the employment of people with disabilities. These were originally human rights-based, particularly in the post-war era, yet still represented a medical model view of disability. After the growth and maturation of the disability rights 'movement' in the 1980s, there was an accelerated increase in disability policies and legislation from the 1990s onwards (Barnes, 2003). Moreover, these have increasingly adopted the social model of disability, particularly in South Africa where the ANC-led government developed new policies and legislation that focused on readdressing injustices of the apartheid era. Literature suggests that despite the many policies and legislation, people with disabilities still experience major challenges and discrimination due to the lack of implementation and accountability of policy (ILO, 2006c; O'Reilly, 2003). The literature further implies that these obstacles develop as a result of the way people with disabilities are viewed in society and highlights the fact that they should be directly involved with decision-making processes that will affect their livelihood (Barnes, 2003; SAHRC, 2002).

Although 1981 was recognised as the UN's International Year of the Disabled, the government of South Africa did not endorse this. It was only later – in 1986 – that the government adopted the National Year of the Disabled and established the Inter-departmental Co-ordinating Committee on Disability, which was responsible for advising the state on policy issues relating to the *World Programme of Action Concerning Disabled Persons* in 1982 (Dube, 2005; INDS, 1997). Despite this committee, many people expressed that it did not fulfil its requirements and did not provide equal opportunities for people with disabilities as required by the *World Programme of Action* (Dube, 2005; INDS, 1997). A main reason cited for the shortfalls was that it was an apartheid initiative and did not acknowledge the direct negative influence of the apartheid system regarding discrimination and poverty on the lives of people with disabilities. To conclude, although legislation and policies relating to employment and disability are important, by themselves they cannot solve the employment

challenges that the majority of people with disabilities experience (Gilbride, Stensrud, Vandergoot, and Golden, 2003).

The following section of this literature review will provide data relating to both global disability and South African disability prevalence and possible reasons for the inaccuracies of these figures. Using the data obtained from the DOL's annual CEE reports, the numbers of people with disabilities in employment in South Africa will then be provided. Literature examining possible reasons for the poor representation of people with disabilities in employment in South Africa will be discussed.

3.1.3 Global disability prevalence

Unfortunately, the availability of high quality, internationally comparable data on disability that is important for the planning, implementation, monitoring, and evaluation of inclusive policies is often not available
(Mont, 2007:1).

According to the *World Report on Disability (WRD)*, having access to statistics on the numbers of people with disabilities and their situation assists in improving efforts “to remove disabling barriers and provide services to allow people with disabilities to participate” (WHO, 2011:21). The World Health Organization (WHO) further states that most people around the globe will experience difficulty in functioning at some stage in their life through being temporarily or permanently impaired (WHO, 2011). The number of people with disabilities differs dramatically from country to country, ranging from under 1% in Bangladesh (Mont, 2007) to 33% in Norway (United Nations Statistics Division as quoted in Schneider and Couper, 2007). These statistics are significantly influenced by “the social, economic and political conditions within that country, including the effectiveness of the health care system” (DOL, 2002:2). Based on the 2010 *Global Population Estimates*, there are over a billion people with disabilities around the globe, or about 15% of the world's population. This is higher than the previous estimates suggesting a 10% figure (WHO, 2011). This makes people with disabilities the largest and most neglected global minority group (ILO, 2012). According to the International Labour Organization (ILO) people with disabilities represent 20% of the world's poor (ILO, 2011). It further states that approximately 82% of people with disabilities reside in developing countries where they live below the poverty line and are excluded from health, education, training and employment (ILO, 2011). According to the most recent WHO statistics, in any population the proportion

of people living with moderate to severe forms of disability ranges between 10 and 26% (WHO, 2010). In addition, this figure is expected to increase with medical advancement and longer expected life expectancies (ILO, 2009). The World Bank estimates that roughly 10–12% of the world's population has a disability, and as many as one-fourth of all households have a disabled member (Mont, 2007). From a broader perspective, it is important that statistics on the number of people with disabilities is available. Statistical data on the number of people with disabilities is important to ensure appropriate accommodation, strategies and services provision by government and other organisations. On the other hand, although there are statistics available, it needs to be noted that this availability does not necessarily result in greater utility (Fujiura, Park, and Rutkowski-Kmitta, 2005).

While statistics have been made available, much research has been conducted that challenges the previous WHO figure of 10% as being either an overestimate or understatement of the true number of people with disabilities, and suggests that ongoing updated global figures should be used (Fujiura et al., 2005; Metts, 2000; Helander, 1993). According to Metts, “due to the inadequacy of existing disability data, published estimates of national, regional and global disabled populations are little more than speculation and educated guesswork” (2000:4). Additional challenges relating to the lack of reliable disability statistics on the number of people with disabilities globally are due to differing definitions of disability between countries. In addition, research has shown that there are differences between how questions are phrased during collection of disability data between developed and developing countries (Loeb, Eide, Jelsma, Toni, and Maart, 2008; Fujiura et al., 2005; Metts, 2000). In general, many developing countries make use of impairment-based questions, while developed countries make use of function- or activity-based questions. This results in higher numbers of disability prevalence being recorded in developed countries than in developing countries where impairment is often linked with stigma resulting in non-disclosure of disability, which leads to poor statistical representation (Loeb et al., 2008; Fujiura et al., 2005; Priestly, 2001; Barnes and Mercer, 1995).

Loeb et al., (2008) put forward that an additional contributing factor to the disparity in prevalence statistics between countries is the cultural context of disability, which has a dramatic influence on the recording of the nature and severity of disability. In general, statistics on the prevalence of disability are higher in developing countries compared to

developed countries and this has contributed to inferior health care, inadequate nutrition, and unsafe environments (Mont, 2007; Schneider and Couper, 2007; Barbotte, Guillemin, Chau and Lorhandicap Group, 2001). Mont (2007), states that the reported rate of disability is often higher when surveys, as opposed to censuses, are used. The reason could be that more detailed and lengthy questions are used in surveys. Having said this, research has shown that even within developed countries, statistics on the number of disabilities can fluctuate depending on how the questions relating to disability are phrased (Mont, 2007). An example of this may be seen in Canada where the rate of disability fluctuated between 13.7% and 31.3% in 2001, due to differing questions being asked (Mont, 2007). Where questions related to participation and activity limitations were used, the prevalence rates were 13.7%. Where conditions relating to health that did not necessarily impact on daily life activities were explored, the rates were far higher (Mont, 2007). In addition to the definition of disability used, the differences in statistical information between countries can also be attributed to the type and wording of the questions used in the data collection instrument, the survey method, the population demographics, as well as “the level of industrialisation, use of cars and the resulting injuries, and the availability of health care services to treat severe injuries” (Schneider and Couper, 2007:8).

With regard to statistical differences as a result of differing definitions of disability, poor understanding and irregularities relating to what areas of disability are being examined, data collection methods, and quality of research design result in challenges obtaining global disability rates that are understandable and comparable internationally (Mont, 2007; Schneider and Couper, 2007; Woodhams and Danieli, 2000). According to the World Report on Disability, there is a lack of awareness about scientific data on disability (WHO, 2011). In addition, “there is no agreement on definitions and little internationally comparable information on the incidence, distribution and trends of disability” (WHO, 2011:xxi). Schneider, Dasappa, Khan, and Khan (2009) state that the United Nations Statistical Division warns that due to these inconsistencies, disability prevalence rates should not be compared between countries.

To summarise, global disability figures are approximated at between 10% and 26% of the population (WHO, 2010). There is however, debate around the accuracy of statistics on disability due to differing definitions, views of disability, question phrasing within surveys

and censuses within and between countries. Caution should be exhibited when comparing data relating to disability to inconsistencies with statistics.

The following section examines the statistical availability relating to numbers of people with disabilities in South Africa, and possible reasons for the differences between them.

3.1.4 South African disability prevalence

There is a serious lack of reliable information on the nature and prevalence of disability in South Africa. This is because, in the past, disability issues were viewed chiefly within a health and welfare framework. This led naturally to a failure to integrate disability into mainstream government statistical processes (ODP, 1997:1).

In order to examine the employment integration and retention experiences of people with disabilities in South Africa, it is important to have an idea of how many people with disabilities we have in the country. This is to gauge whether the research problem affects only a small percentage of the South African population or whether it is a larger issue. Historically there has been very poor recording of statistics of the number of persons with disabilities in South Africa (Sing, 2012; Mitra, 2008; ODP, 1997). According to the Commission for Employment Equity this was largely due to the system and history of apartheid in South Africa, which had “a debilitating impact of further marginalisation and exclusion of people with disabilities” (DOL, 2002:2). As with global statistics, a lack of definition of disability in South Africa has resulted in confusion and difficulty in collecting disability data (Sing, 2012).

In order to gather statistical data on the number of people with disabilities in South Africa, a number of surveys and censuses have been conducted over the years. In spite of this, there have been significant differences between the results, leading to a lack of consistency of figures, especially for the majority of people with disabilities living in poverty (Loeb, Eide, Jelsma, Toni and Maart, 2008; Loeb, Eide and Mont, 2008; Mitra, 2008). Disability prevalence statistics vary between 3.7% in the October Household Survey in 1999 to 12.8% in the National Health and Population Survey in 1996 (Mitra, 2008; Emmett, 2006).

In 1995, the United Nations Development Programme (UNDP) estimated that 5% of the South African population experienced moderate to severe disabilities. Later that same year,

The *October Household Survey (OHS)* conducted by Statistics South Africa (StatsSA) stated that the disability rate was 5.2% (StatsSA, 1999). The *National Health and Population Survey* of 1996 revealed a reading of disability at 12.8% (Emmett, 2006). A possible reason for this elevated increase in numbers of people with disabilities may be attributed to the fact that chronic illness was included as a disability (Emmett, 2006). The data obtained from the *South African Census 1996* indicated that 6.7% of the South African population had a disability. After *Census 1996*, disabled peoples' organisations (DPOs) informed Statistics South Africa (StatsSA) that they felt that the statistics were not accurate.

This sentiment is evident in the *White Paper on an Integrated National Disability Strategy*, which states that, in 1997, there was no comprehensive or accurate statistical data on the situation and number of people with disabilities in South Africa (ODP, 1997). This document further stated that the results from the 2001 Census were flawed due to the following reasons:

- The differing definitions of disability resulted in confusion and varying interpretations;
- The differing survey systems raised serious concerns about the reliability of the data collected;
- Based on negative traditional attitudes to people with disabilities, information on disability was not readily volunteered when enumerators called on the various households;
- Poor service infrastructure in under-developed areas, coupled with the perceived danger in visiting specific sites, impede the collection of data, resulting in deflated figures for census (ODP, 1997).

In order to provide updated statistics on this number, StatsSA consulted with disabled peoples' organisations (DPOs), people with disabilities, government departments working with issues surrounding people with disabilities and other relevant parties. After these consultations, the questionnaire used for the subsequent *South African Census 2001* asked more comprehensive questions than in *Census 1996*. In 1997, the Community Agency for Social Enquiry (CASE) conducted research specifically measuring disability prevalence and assessing the wellbeing of people with disabilities in South Africa (Mitra, 2008). This research revealed that 5.9% of the South African population had a disability. The 1998 *Baseline National Survey on Disability* revealed that 5.9% of South Africans had a disability. The *OHS* of 1999 approximated the disability prevalence rate at 3.7%.

According to *Census 2001*, of the approximately 44,8 million people counted in the census, 2 255 982 South African people were reported as having various forms of disability, which constituted 5% of the total South African population (StatsSA, 2003). Although people with disabilities and other role-players were consulted during *Census 2001*, Disabled People of South Africa (DPSA) and the disability movement as a whole were “perturbed and strongly disapproved of the results of Census 2001 pertaining to persons with disabilities” (DPSA, 2003:1). Since then, statistical data on the disability prevalence in South Africa has been obtained in the annual *General Household Surveys (GHS)* and has fluctuated between 2.4% in 2003 to 6.3% in 2010 (StatsSA, 2002–2011). A table depicting the statistical data on the number of people with disabilities can be found in Table 1. In addition, the UN believes that the number of people with disabilities in developed countries ranges between 10 to 15% (UN, 2010). With South Africa being a developing country and having some of the highest rates of serious crime and motor vehicle accidents in the world, the statistics for people with disabilities are likely to be significantly higher.

As mentioned earlier in this chapter, accurate statistical information on the prevalence of disability is crucial in order for policies to be appropriately developed and implemented, as well as to provide valuable insights into issues surrounding disability that, without data, cannot be suitably addressed (Schneider et al., 2009, Khan and Khan, 2009; Taylor, 2001). In order to remedy this situation, a major overhaul was made by StatsSA in the development for the questions used in the updated *Census 2011*. In order to ensure that the questions asked in *Census 2011* were appropriate and provided a more accurate picture of the number of people with disabilities in South Africa, a study making use of 26 focus groups was conducted (Schneider et al., 2009; Schneider and Couper, 2007; StatsSA, 2006).

During this study, two sets of questions were asked to establish their suitability for use in *Census 2011*. Firstly, the Washington Group on Disability Statistics Short Set questions which were revised for the South African context was used. The second set of questions was related to those asked during *Census 2001*. All questions were developed in order to examine whether they were able to measure disability, as well as ensure identification of “the population at risk of experiencing disability related disadvantage and discrimination” (Schneider et al., 2009:245).

Table 1: Estimates of national disability prevalence rates 1995–2011

Survey/Census	Year	Prevalence rate (%)
United Nations Development Programme	1995	5
October Household Survey(StatsSA)	1995	5.2
National Health and Population Survey	1996	12.8
1996 Census(StatsSA)	1996	6.7
CASE Survey for Department of Health	1997	5.9
Baseline National Survey on Disability	1998	5.9
October Household Survey(StatsSA)	1999	3.7
Census 2001(StatsSA)	2001	5
General Household Survey (StatsSA)	2002	3.1
General Household Survey (StatsSA)	2003	2.4
General Household Survey (StatsSA)	2004	2.8
General Household Survey (StatsSA)	2005	3.2
General Household Survey (StatsSA)	2006	3.1
General Household Survey (StatsSA)	2007	3
General Household Survey (StatsSA)	2008	3.4
General Household Survey (StatsSA)	2009	5.7
General Household Survey (StatsSA)	2010	6.3
General Household Survey (StatsSA)	2011	5.2

Findings revealed that the use of the revised Washington Group on Disability Statistics Short Set questions was more suitable as it “captures a broader and more inclusive population as having difficulties compared to that captured on the *Census 2001* disability question, without excluding the *Census 2001* population captured as disabled” (Schneider et al., 2009:245). The revised questions included the number of people who had difficulties in doing a range of activities, as opposed to focusing purely on people who identified that they had a disability. In addition, it also included questions relating to employment that assist in ‘cross-referencing’ disability prevalence rates and employment of people with disabilities in South Africa (Buckup, 2009). *Census 2001* provided only one option relating to severity of disability while the revised set included four response options. This resulted in a clearer

picture of the severity of disability (StatsSA, 2006). The results from the study yielded far higher disability prevalence rates than those obtained from *Census 2001* (Buckup, 2009).

The data obtained relating to the scale of severity differences provides the government with information relating to the number of people requiring services. Statistics on the number of people with a high degree or level of difficulty will assist in provision of services such as social assistance, reasonable accommodation in employment and specialised education. The remaining statistical data is useful for monitoring intervention and preventative programmes (StatsSA, 2006). The statistics that were gathered during the *Census 2011* collection are currently being analysed and will be published at a later date.

When examining causes for the discrepancies relating to statistical data relating to the prevalence of disability in South Africa, a number of reasons have been provided. According to Mitra (2008), there have been inconsistencies within the surveys used to collect data on the number of people with disabilities in South Africa. The annual *Labour Force Survey* for the years 2002 and 2003 were the only ones that included questions relating to activity limitations, which resulted in an inability to analyse trends in this regard (Mitra, 2008). In addition, the wording used in the activity limitation questions in the two primary statistical surveys in South Africa, namely the *OHS* and the *GHS*, differ slightly, which results in a limitation in data comparison (Mitra, 2008). Modified questions relating to functional limitations were reworded and reintroduced from the year 2009 in the *GHS*, which makes comparing statistical data from before 2009 impossible (StatsSA, 2010).

A further reason for a serious lack of reliable information on the nature and prevalence of disability in South Africa can be attributed to the differing models and definitions of disability. The *INDS* states that a contributing factor is that previously issues surrounding disability were purely placed within a health and welfare framework. This placement resulted in an inability to integrate disability into mainstream government statistical processes (ODP, 1997). In addition, the differing definitions of disability and inconsistent identification methods have contributed to this problem (Emmett, 2006). According to Schneider and Couper (2007), statistics on the number of people with disability at a national level are essential, but in order for them to be beneficial, they need to be clearly understood. They further state that South Africa still lacks this clarity, and that an improved understanding of

what a prevalence rate of 5% means in terms of people with disabilities requirements is needed.

3.1.4.1 Employment statistics for people with disabilities

The recent labor market experience of working age people with disabilities in South Africa is disappointing and requires further research and policy attention (Mitra, 2008:8).

According to Mitra (2008), while there has been much research conducted on the employment trends relating of other designated groups to race and gender in South Africa post-apartheid, little research has been conducted into the situation of people with disabilities in employment. One of the ways in which to establish these trends is through examination of the statistics relating to the numbers of people with disabilities in employment in South Africa.

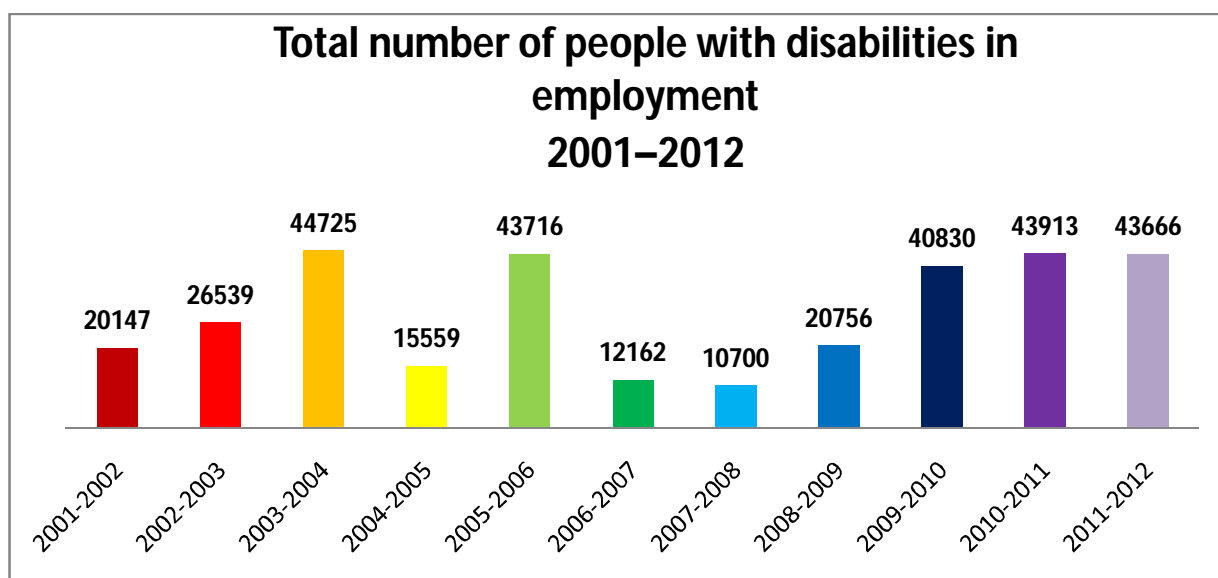
To provide statistical data on the number of people with disabilities in employment in South Africa in this study, statistics provided by the Department of Labour in the Commission for Employment Equity (CEE) Annual Reports, years 2000 to 2012, have been used. The Commission for Employment Equity is a statutory body established in terms of section 28 of *The EEA*. It is required to submit an annual report to the Department of Labour on the implementation of employment equity in terms of Section 33 of *The EEA*. These annual reports differentiate between occupation level, race and gender of all South Africans including those with disabilities. A further category including the occupation levels and gender of foreign nationals, as well as the number of permanent and non-permanent employees, was introduced into the reports from the period 2005/6 onwards. For the purposes of this study, rather than obtaining the total percentage of the workforce that is made up of people with disabilities, only information relating directly to people with disabilities is included.

The CEE Annual Reports reflect the employment equity outcomes in South Africa over a 12 month period beginning 1 April and ending 31 March the following year. Large employers (those who have 150 or more employees) are required to submit annual reports on the number of people they employ from designated groups, while small employers (less than 150 employees) are expected to submit their reports every two years. Figure 1 depicts the annual

total number of people with disabilities in employment. Results show that the reporting years 2003/4 and 2010/11 reflected the highest number of people with disabilities in employment (44,725 and 43,913 respectively). The years 2007/8 and 2006/7 resulted in the lowest figures of people with disabilities in employment with only 10,700 and 12,162 respectively. Figure 2 reflects the total annual percentage of the South African workforce with disabilities. The year 2005/6 was the only year that the percentage of people with disabilities exceeded the one percentage marker. Although this year demonstrated an increase in numbers of people with disabilities in employment in South Africa, the CEE states that “serious attention needs to be given to their representation at the higher levels” (DOL, 2006:18) as the majority of people with disabilities were situated in low level semi-skilled positions. The graph shows that statistics fluctuate between 0.5% in 2007/8 and 1% in the years 2002/3 and 2003/4.

The 10th CEE Annual Report states that of all people from designated groups, people with disabilities remain the most under-represented (DOL, 2010). It further states that the employment figures for people with disabilities has only exceeded the 1% marker once since the commencement of the CEE in 2005, which is below par when compared to the 2% minimum total employment target set by government to be achieved by 2005 (DOL, 2010). This 2% figure was then extended to 2010, and due to a lack of acceptable progress in this regard, was extended to 2015 (DOL, 2012). The CEE Annual Report 2009/10 states that, although people with disabilities were represented across all occupational levels, most were concentrated in the lower skills levels, with only approximately 17.5% of people with disabilities occupying middle-to-upper level positions (CEE, 2010; Horwitz et al., 2002).

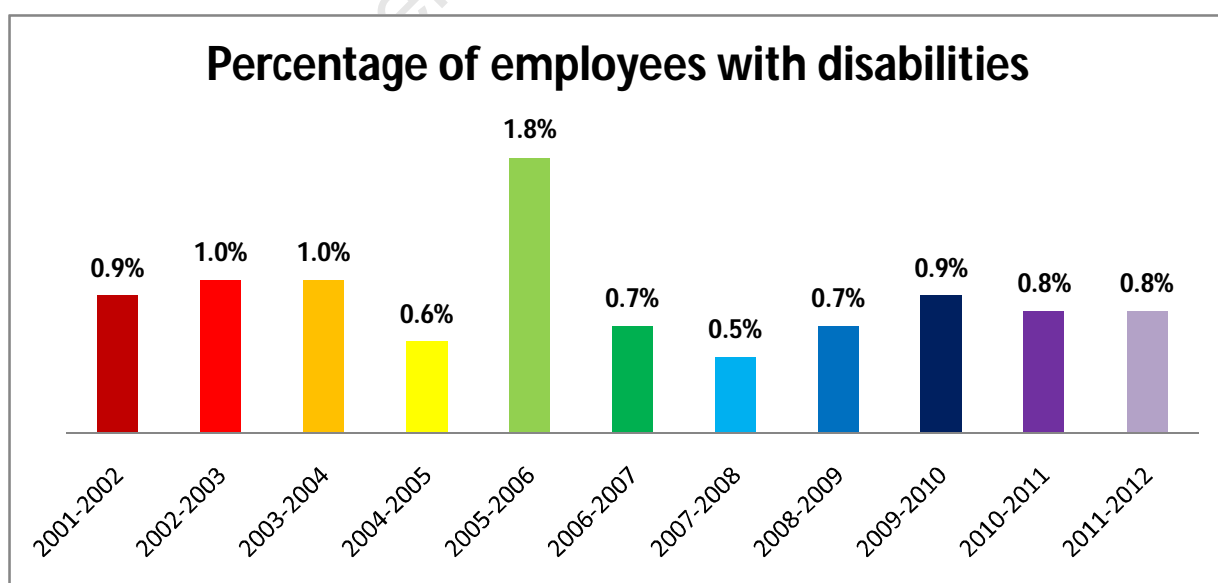
According to Mitra (2008), it has emerged that people with disabilities are increasingly excluded from the labour market in South Africa, which is especially evident for woman with disabilities. During her research into the employment of people with disabilities in South



Sources: Adapted from CEE Annual Reports 2001–2012

Figure 1: Annual Total Number of Employees with Disabilities

Africa during 1998 and 2006, Mitra revealed that the decrease in unemployment of people with disabilities is not as a result of an increase of people with disabilities in employment. Rather, the numbers declined as a result of higher numbers of people with disabilities in employment was lower than the numbers of unemployed people with disabilities. This is in direct contrast to people without disabilities, where there was an increase in employment figures and a decrease in unemployment during this same period (Mitra, 2008; Kingdon and Knight, 2005).



Sources: Adapted from CEE Annual Reports 2001–2012

Figure 2: Percentage of employees with disabilities

3.1.4.2 Areas of inconsistencies and inaccuracies with the annual CEE reports

Although the CEE Annual Reports provide vital information on the number of people with disabilities in employment in South Africa each year, there have been areas of inconsistency and inaccuracy which need to be identified. As mentioned earlier, the CEE reports reflected the employment equity outcomes of large employers annually, while small employers were expected to submit their reports every two years. Subsequently, this makes trend analysis on the exact numbers of people with disabilities per year very difficult because results are only representative of all employers in South Africa every second year.

According to the *CEE Annual Report 2002/3*, the data relating disability remained unsatisfactory and they recommended that the figures be treated with extreme caution, as the data appear to contain serious errors. The report stated that the Commission, “normally opposed to releasing data with serious errors, deemed it necessary to provide some information because quality data on disability is scarce” (DOL, 2003:21). Having said this, the report does not provide any further information on the serious errors that it alluded to.

Each CEE report provides an account of the general observations on all areas of diversity including disability during a one year period. Information under the heading ‘Observation on Disability’ is obtained by site visits by the Commission to a number of differing employers each year. There seems to be an inaccuracy concerning the situation of people with disabilities during the years 2003/4 and 2004/5, as the information contained under this section is identical for both years. In light of the fact that information is obtained by the Commission during site visits, it is simply not possible for the situation of people with disabilities to be so similar, let alone identical (DOL, 2005; DOL, 2004).

Reports for the years 2002/3 to 2007/8 provide information on the number of recruitments and promotions of people with disabilities, but from 2008/9 onwards this data on people with disabilities is omitted with no reason provided, although full data and descriptions for other designated groups is still included. Data on the number of terminations for people with disabilities in employment also ceased to be included in reports from the year 2006/7 onwards, although data from other designated groups was still included.

There are similar inaccuracies within the CEE Annual Reports for the years 2008 and 2009. The figures for each table entitled, 'Total number of employees with disabilities by occupation level, race and gender' are incorrect in both reports. In each case, the 'Total permanent' column and the 'Grant total' column are the same and this cannot be possible as the number of 'Non-permanent employees' is not included. When adding the differing occupational level totals it is clear that the 'Non-permanent' totals have been added to the 'Total permanent' totals in each annual report (DOL, 2009:10; DOL, 2008:11). Possible causes for this situation could be statistical data sheet formulation errors.

The 10th *CEE Annual Report 2009/10* has two inaccuracies. The data contained in Figure 32: 'Race and Gender representation trends of people with disabilities from 2001–2009' depicts the total percentage of people with disabilities and does not show the race and gender trends (DOL, 2010:34). In addition, the description pertaining to the graph does not match the numbers provided. The description states that the growth of people with disabilities "has not broken the one percent barrier since 2001" (DOL, 2010: 34), but the graph clearly shows that the years 2003 and 2005 have both exceeded the one percent barrier (see Figure 2).

In the *CEE Annual Report 2005/6*, the Commission stated that they had "noted some progress in the recruitment of people with disabilities and hopes that this upward trend will continue" (DOL, 2006:38). In addition, the report notes that "there has been a marked improvement in the employment of people with disabilities since 2003" (DOL, 2006:16). However, these observations are inaccurate, if one compares the data from the CEE Annual Reports during this period, the numbers of employees with disabilities significantly decreased from 44 725 in 2003/4 to 15 559 in 2004/5 and only gained ground in 2005/6 to 43 716. No 'upward trend' is evident.

Under the descriptive section entitled 'Observation on Disability', both the CEE Annual Reports for the year 2003/4 and 2004/5 provide the exact same information, verbatim, on the situation for employers regarding disability during that period, which is highly unlikely (DOL, 2005:20; DOL, 2004:6).

3.1.4.3 Possible reasons for the poor representation of people with disabilities in employment

A contributing factor to the low numbers of people with disabilities in employment may be related to the increase in state disability grant (DG) beneficiaries, which have more than doubled since 2000 (Mitra, 2008). One of the requirements of the DG is that a person must be unable to work. In the years 2003 and 2004 the number of DG recipients increased dramatically and this corresponds to the periods of lowest number of people with disabilities employed in South Africa (StatsSA, 2005). Mitra (2008:11) puts forward that investigating “the effect of DG receipt on the probability of employment is complex given that DG receipt may be both a cause and a consequence of the decline in employment”. To clarify, many people with disabilities are hesitant to forgo the safety of their disability grant when considering entering employment. There are two main reasons for this. Firstly, the employment offered may be on a contractual basis or have a probation period attached. In this instance, the person has to relinquish their disability grant for a relatively short period of time. If their employment contract ends, or they are let go after the probation period, they have to reapply for a disability grant all over again (Swartz and Schneider in Watermeyer et al., 2006). This process could take up to six months or longer and the person with a disability grant faces the prospect of having no income whatsoever for this period of time. Many would simply not be able to survive financially. Secondly, there are hidden costs involved. When a person with a disability receives a disability grant, they are regarded as a state patient and as such receive hospitalisation and medication at state hospitals for free or at a nominal fee. When a person surrenders the disability grant, they also give up these benefits. In this instance, they need to buy their own medication and supplies as well as pay for any hospitalisation and/or visits to the doctor, etc. The cost of this alone can be substantial and near or above the salary they receive. Subsequently, to make employment ‘worthwhile,’ they may need to earn up to four to five times the amount of the disability grant to enjoy any quality of life benefit to being employed. Subsequently, for someone who has been receiving a disability grant for a number of years, it is a daunting task to give it up in the hope they will achieve sustained employment, not only in practical terms, but psychologically as well (Mitra, 2008; Swartz and Schneider in Watermeyer et al., 2006).

It should also be noted that sometimes even the salary offered may be below the disability grant. This is a deterrent for many people with disabilities. It is simply not worth their while

to surrender their disability grant in favour of the work that they would qualify for (Swartz and Schneider in Watermeyer et al., 2006). This is also linked to the education that they have received. As literature indicates, many people with disabilities, especially those with congenital disabilities, have not received a standard of education high enough for them to enter higher education institutions in order to qualify for a high-paying job (DOE, 2001). Subsequently, many are only qualified for more menial and/or administration employment, which does not provide an adequate salary when compared to the disability grant and associated medical benefits. When faced with the additional attitudinal and practical barriers in society, the majority of people with disabilities choose to rely on their disability grant and do not even attempt to find employment. Hence, the example of the disability grant as a 'cause and consequence' of the underemployment and unemployment of people with disabilities is an important one as it depicts how the negative reaction of society to disability has been incorporated into law and policy, perpetuating the negative cycle of disability, poverty and exclusion (ILO, 2004). This in turn is seen to maintain the medical model of disability despite international policy, legislation and advocacy that is aspiring to incorporate the social model. From a social model perspective, if the environment maximises participation of people with disabilities, disability grants would not be needed (Swartz and Schneider in Watermeyer et al., 2006).

According to Mitra (2008), an additional reason for the decrease in number of people with disabilities may be caused by the differential disabling effect of HIV/AIDS; disabilities may have become more severe over time, and employment characteristics might have changed in such a way that some jobs could no longer be performed by people with disabilities. This sentiment is echoed by the DOL, who in their 2003/4 annual report stated that there was a high rate of termination on the grounds of incapacity among people with disabilities due to workplace injury and disease (DOL, 2004). The report further reflects that an additional influence relating to the declining disability trends provided include the disabling effects of HIV/AIDS, and the manner in which *The EEA* has been implemented by employers, but these both require further investigation (Mitra, 2008). While *The EEA* prohibits discrimination in all areas of employment integration and retention, it also requires employers to provide reasonable accommodation. In many cases this acts as a deterrent to employers employing people with disabilities (Mitra, 2008; Dube, 2005).

In order to hold employers accountable for meeting the annual EEA targets, Sections 43, 44 and 45 of *The EEA* were designed to empower the District General to review the extent to which an employer is complying with the Act, and to make recommendations accordingly. After reviewing 106 companies (six in 2006; 26 in 2007 and 74 in 2008), all of whom were either directly or indirectly listed on the Johannesburg Securities Exchange, these companies were found to be in breach of procedural and substantive compliance even though they had the resources to implement *The EEA* (DOL, 2008:3). This resulted in the CEE “seriously considering implementing a ‘name and shame’ strategy against structures” (DOL, 2009:v). However, in reality, even by the year 2012 nothing had been undertaken in this regard.

To conclude, although the government has set a minimum target of two percent of the workforce to comprise of people with disabilities, current statistics have shown that people with disabilities remain the most economically excluded members of any designated group within South Africa. According to Mitra (2008) the employment experiences of people with disabilities of working age is “disappointing and requires further research and policy attention” (Mitra, 2008:8).

3.2 Preparation for employment of people with disabilities

Preparation for employment of people with disabilities	
Onset of disability	Education
Congenital disability	Global education framework
Acquired disability	Global educational history
	SA education pre-1994
	SA education post-1994
	Current global and SA education
	Education summary

The following section on *Preparation for Employment of People with Disabilities* provides a discussion surrounding the onset of a persons’ disability and the influences this has on education and employment. It is followed by examination of the global educational trends and how these, together with a transformation of education post-1994, influenced the education of children and students with disabilities in South Africa. This section concludes with a discussion on the direct link between education and employment.

3.2.1 Onset and acceptance of disability

As discussed in Chapter 2, some people are born with a disability or obtain a disability in early childhood. This is known as a congenital disability. Others acquire a disability later in life. There has currently been little research on how the onset of disability influences a person's education and employment experiences (Loprest and Maag, 2003). Having said this, the limited literature available states that disability onset has a direct impact on a person's integration and retention in employment (Allaire, Li and LaValley, 2003; Jenkins and Rigg, 2003; Loprest and Maag, 2003).

Loprest and Maag (2003) state that people with early onset disabilities experience challenges in accessing education and employment skills and this has an impact on their employment integration and earning prospects. Subsequently, they share results in people with early disability onset as being "doubly disadvantaged when it comes to later employment prospects" (Loprest and Maag, 2003:2).

Jenkins and Rigg (2003) examined the impact of onset of disability on employment. They discovered that for people who acquired a disability during employment, employment rates fell continuously with disability duration, and that their income from employers decreased while reliance on disability benefits increased.

For people with acquired disabilities, stigma and prejudices imposed by society towards disability creates difficult challenges in their adjustment to and acceptance of their disability (Groomes and Leahy, 2002; Li and Moore, 1998). *The Acceptance of Disability Scale*, a 50 item self-report questionnaire, was created by Dembo, Leviton, and Wright, (1956) to measure a persons' adjustment to disability. It emphasised the meanings, values, and emotions that people with disabilities associate with having a disability (Groomes and Leahy, 2002). Groomes and Leahy (2002) examined the acceptance of disability by people with acquired disabilities. Their results revealed that there was a considerable relationship between acceptance of disability and coping disposition. Li and Moore (1998) discovered that there is a clear link between acceptance of disability and better adjustment to life with a disability. In order to be accepted by society, a person must first accept their own disability (Groomes and Leahy, 2002; Li and Moore, 1998). Studies into disability acceptance have shown that there were no clear links between gender, race, education level and marital status (Attawong and

Kovindha, 2005; Li and Moore, 1998). Rather, disability acceptance is substantially influenced by the nature, manifestation of disability and emotional and social support available. Li and Moore (1998) found that participants with congenital disabilities were far more likely to accept their disabilities compared to those with acquired disabilities. In addition, their findings concurred with research that showed the strong link to disability acceptance and self-esteem (Attawong and Kovindha, 2005; Belgrave, 1991; Belgrave and Walker, 1991). It is important to highlight that no two people with disabilities share the same experiences of acceptance of disability and that these are shaped by individual experiences and situations (Groomes and Leahy, 2002; Belgrave, 1991, Li and Moore, 1998). Li and Moore (1998) state that research in the area of disability acceptance, especially the area concerning social discrimination, is lacking and more research is required. Research has shown that there is a clear link between disability acceptance and employment for people with disabilities and that without acceptance, there is a greater chance of difficulties being experienced obtaining and remaining in employment (Wehman, Targett, West and Kregel, 2005; Belgrave and Walker, 1991).

The following section of the literature review provides a discussion surrounding the global educational trends and how these, together with a transformation of education post-1994, influenced the education of children and students with disabilities in South Africa. This section concludes with a discussion on the direct link between education and employment.

3.2.2 Global education framework

Unlike non-disabled people, people with disabilities are likely to have faced difficulties in getting an education, and in accessing vocational training and further education. These factors alone may cause many disabled people problems when it comes to seeking a job (Heron and Murray, 1999:iii).

Introduction

While the main aim of this study is to examine the experiences of people with disabilities entering into and remaining in employment, the author has elected to include both international and local documents relating to the education of children and youth with disabilities. The reason for this is that literature shows that there is a clear and direct link between the education children receive and their entry into employment prospects (WHO, 2011; ILO, 2007; DOE, 2001; Prinsloo, 2001). According to the National Council on

Disability (2007), educational policy and has a significant effect on employment opportunities for people with disabilities. They further state that the employment and earnings gaps faced by people with disabilities are as a result of a gap in education. Opini (2010) puts forward that adequate training and education are essential to securing employment in any country. Furthermore, according to Szymanski and Parker (2005), a higher education degree is a prerequisite for many higher-paying jobs.

The main objective of an education system is to provide quality education that aids children in realising their full potential and thereby make a meaningful contribution to the economy of the country and participation in society (Prinsloo, 2001). Gartrell (2010) states that if people with disabilities do not have a basic education and literacy skills, they are restricted to unskilled employment. According to the ILO, in the current knowledge-based society, people with disabilities need to have an education in order to access decent employment opportunities and to have a competitive advantage (ILO, 2007). Research has shown that completion of higher education is paramount for people to enhance their employability (Hart, Mele-McCarthy, Pasternack, Zimbrich and Parker, 2004; U.S. Department of Labor, 1999). This is crucial for work preparation (Stodden and Dowrick, 2000), and is directly related to a person's earning capacity and economic independence, both of which are hallmarks of successful employment (Hart et al., 2004; Henderson, 1999). In addition, research has shown that the completion of any further education dramatically improves the opportunities for an individual to secure meaningful employment (Hart, et al, 2004; Zafft, Hart and Zimbrich, 2004). With the World Health Organization estimating that number of children with disabilities between the ages of 0 and 14 years is between 93 million and 150 million, it is hoped that as a result of changes in policy and practice that they will have access to employment (WHO, 2011).

3.2.2.1 Global educational history of children with disabilities

The inclusion of children with disabilities is a matter of social justice and an essential investment in the future of society. It is not based on charity or goodwill but is an integral element of the expression and realization of universal human rights (UNICEF, 2007:v).

Globally, it was only discovered in the 18th century that people with disabilities had the ability to learn and be educated (Metts, 2000; Yell, Rogers and Lodge Rodgers, 1998).

Subsequently, many children with disabilities were discriminated against, which is illustrated in the following ruling from a Massachusetts Supreme Judicial Court in the United States in 1893. “A child who was ‘weak in mind’ and could not benefit from instruction, was troublesome to other children, and was unable to take ‘ordinary, decent, physical care of himself’ could be expelled from public school” (Watson v. City of Cambridge, 1893 as quoted by Yell et al., 1998:219). Children with disabilities were seen by school officials as requiring too much of their teachers’ time, which had a negative impact on discipline and progress of the remaining children without disabilities (Yell et al., 1998). Even as recently as 1958, school officials in the United States could exclude children with disabilities from mainstream education on the basis that they would not benefit from this form of education or because they could disrupt children without disabilities (Yell et al., 1998). This resulted in the founding of separate special schools and institutions for children with disabilities (Metts, 2000). The majority of these schools and institutions were started by religious orders and other charitable organisations. Many of these schools were managed by ministries of social welfare and not educationists, which further entrenched the medical model of disability.

It was only in the late 1960s, and early 1970s, as a result of lobbying from parents of children with disabilities, together with disability organisations and with the backing of the human rights movement, that laws were amended. Children with disabilities requiring low to medium levels of support were then accommodated into mainstream classrooms (Lomofsky and Lazarus, 2001; Metts, 2000). Since then, the rise of the disability movement in the 1980s has seen the development of many international declarations and proclamations that acknowledge the rights of children with disabilities to equal educational opportunities (WHO, 2011; DOE, 2001; Metts, 2000; UNESCO, 1994). The most significant of these are the following:

- The UN’s 1975 *Declaration on the Rights of Disabled Persons*;
- The 1982 *World Programme of Action Concerning Disabled Persons*;
- 1989 *Convention on the Rights of the Child*;
- The 1990 *World Declaration on Education for All*
- *The African Charter on the Rights and Welfare of the Child*;
- The 1994 UNESCO *Salamanca Statement and Framework for Action on Special Needs Education*;

- Commitment Six of the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* of the 1993;
- The 2000 World Education Forum's *Dakar Framework for Action*;
- The 2000 UN *Development Goals*;
- UNESCO's 2004 *The Right to Education for Persons with Disabilities: Towards Inclusion*;
- The 2006 UN *Convention on the Rights of Persons with Disabilities*;
- The 2011 WHO *World Report on Disability*.

The UN's 1975 *Declaration on the Rights of Disabled Persons* states that people with disabilities have the right to receive an education that will assist them in developing their capabilities and skills and encourage the process of their social integration or reintegration (UN, 1975). The *World Programme of Action Concerning Disabled Persons* was a major outcome of the International Year of Disabled Persons, adopted by the General Assembly on 3 December 1982. It states that at least ten percent of children around the globe have a disability and that they have the same right to education as children without disabilities. Article 23 of the 1989 *Convention on the Right of the Child* indicates that no child should be discriminated against, and that every child has the right to receive an education. Furthermore, the right to education is universal and must extend to all children, youth and adults with disabilities (UN, 1989). The *World Declaration on Education for All*, known as the Jomtien Declaration, was adopted at the World Conference on Education for All in Jomtien, Thailand in 1990. It highlighted the need for a basic education for all. This Declaration stated that in many countries, children with disabilities were at risk of being completely excluded from the education system. Article 3.5 acknowledges that the learning needs of children with disabilities demands special attention, and that steps must be taken to achieve this (UN, 1990).

The African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children's Charter) was adopted by the Organisation of African Unity (OAU) in 1990 and came into force in 1999. Similar to *The United Nations Convention on the Rights of the Child*, it is a comprehensive document that outlines the rights and defines universal principles and norms for the status of children (OAU, 1990). Both of these are the only international human rights treaties that cover the whole range of civil, political, economic, social and cultural

rights (OAU, 1990). Although inappropriately named, Article 13: Handicapped Children, highlights that children with disabilities have the right to protection by State Parties. They should provide them with appropriate resources to ensure that they have access to training, preparation for employment and recreation opportunities so that they are able to reach their full potential. In addition the States Parties should ensure accessibility for children with disabilities (OAU, 1990).

The *Salamanca Statement and Framework for Action on Special Needs Education* was adopted at the UNESCO World Conference on Special Needs Education held in Salamanca, Spain in 1994. It was at this conference that the idea of inclusive education was given impetus and that governments were encouraged to adopt an inclusive educational system. This statement asserts that inclusion is a universal right that links to an inclusive society, and provides guidelines for including children with disabilities into regular classrooms, alongside their peers without disabilities (UNESCO, 1994). With the adoption of the Salamanca Statement in 1994, an inclusive education system has now been adopted by most countries around the globe that can be seen as:

the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all, moreover they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system (UNESCO, 1994:ix).

The Salamanca Statement states that every child has the right to receive an education that takes into consideration the wide diversity among the learner population. It further states that children with special educational needs should be accommodated in regular schools (UNESCO, 1994). According to UNESCO (2003), an inclusive education approach uses the social model to interpret educational difficulties. While it acknowledges that a child may have an impairment, it suggests that difficulties that a child may experience may also be as a result of features within the educational system.

Ten years after the *Jomtien Declaration*, its vision was reaffirmed by the World Education Forum meeting held in Dakar in 2000. This Forum, held to review the progress made towards education for all, resulted in the *Dakar Framework for Action* (World Education Forum, 2000). It drew attention to the exclusionary processes that disadvantaged groups, including

children with disabilities, continued to experience and called for positive action to overcome them.

One of the outcomes of the Decade of Disabled Person was the adoption of the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities* in 1993. The *Standard Rules* consist of 22 rules, one of which, Commitment 6, focuses on education. It affirms equal educational opportunities for children, youth and adults with disabilities at all levels and within inclusive settings where their needs are met (UN, 1993). Goal 2 of the UN *Millennium Development Goals* calls for compulsory primary education for all by the year 2015. It focuses on attracting children to school and ensuring their ability to thrive in an environment that allows them to develop to the best of their abilities (WHO, 2011). It also acknowledges that many governments neglect children with disabilities (UN, 2000). The UN *Convention on the Rights of Persons with Disabilities* recognises the right of all children with disabilities to be included in inclusive educational settings and to receive the support they require by removing barriers and providing reasonable accommodation (UN, 2006). UNESCO's 2004 *The Right to Education for Persons with Disabilities: Towards Inclusion* was developed to meet the Millennium Development Goal of education for all by the year 2015. It focuses on access to and completion of basic education for children with disabilities from a rights-based perspective, as well as the engagement of people with disabilities in the implementation policy and process (UNESCO, 2004). The WHO *World Report on Disability* devotes a chapter to the inclusion of children with disabilities within the context of quality 'education for all.' It highlights that this concept is a global movement aiming to meet the needs of all children by the year 2015 and recognition of the need for facilitation of inclusive education (WHO, 2011).

When it comes to higher education, even into the early 1990s, most students with disabilities experienced difficulties in accessing higher education. Until then, the majority of higher educational facilities around the globe remained inaccessible to students with disabilities (Barnes, 2007; Engelbrecht, Oswald and Forlin, 2006). Between 1978 and 1991, the inclusion of students with disabilities quadrupled from 2.2% to 8.8% in the United States of America (Heiman and Precel, 2003). Currently this is due to disability-specific legislation protecting the rights of students with disabilities, providing support policies and regulations for monitoring such provision (Matshediso, 2007). Students with disabilities make use of a

legally mandated disability framework in order to access support (Matshedisho, 2007). In Israel, between 1.5% and 3% of all students disclosed that they had a learning disability in 1998 (Heiman and Precel, 2003).

Since the mid 1980s, there has been a dramatic increase in numbers of students with disabilities in higher education in the United Kingdom due to competition between institutions and greater legislative accountability (Tinklin, Riddell, and Wilson, 2004). Students with disabilities in the UK are able to use the enforceable rights framework to access support in higher education (Matshedisho, 2007). This rights framework falls within general disability-specific legislation, namely the Disability Discrimination Act of 2005. Even though there have been substantial changes in the education of children with disabilities in most developed countries, many developing countries are still slow to integrate students with disabilities into higher educational institutions (Engelbrecht et al., 2006). Even in the 1990s, in countries such as Cambodia, the ministry of education only accepted children into higher education if they could prove that they were healthy and did not have a disability (Gartrell, 2010). In addition, prestigious government scholarships for overseas studies specified physical ability as a requirement (Gartrell, 2010). It is only since the 21st century that developed countries are integrating students with disabilities and providing them with support and access (Barnes, 2007).

3.2.2.2 Education of children with disabilities in South Africa pre-1994

Learners with disabilities have been excluded from regular education schools and such exclusion immediately results in the perception of such people as inadequate human beings who are unfit to be included in mainstream economic and social life (Engelbrecht, Green, Naicker, and Engelbrecht, 1999:13).

When it comes to the provision of education for children with disabilities, many similarities occur between global trends and those in South Africa. The majority of special schools in South Africa were established by religious orders such as the Dutch Reformed Church and the Roman Catholic Dominican Order Sisters in the late 1800s. Most of these schools were based on the medical model of disability, viewing children with disabilities as objects of pity and being reliant on the assistance of others (Matshedisho, 2005; Peel, 2004). This is further shown in the language usage describing children with disabilities, as can be seen in the following official documents. The department of education in 1918 recommended that

children with disabilities, referred to as “permanent morons” (Matshedisho, 2005:118) as they differed from the ‘norm’, be educated in separate special classes and special schools. In the *Administrators’ Notice No 322* under section 11(b) of the *Education Act Further Amendment Ordinance No 16 of 1916*, school medical officers were instructed to exclude “verminous children, mentally defective children, and children suffering from any communicable disease” (Leipoldt and Cleaver, 1918:28 as quoted in Matshedisho, 2005:118). The link between the medical model of disability and special schools and classes is clearly evident in the following statement:

It may be accepted as an axiom that where a child is defective to such a degree that his retention in class demands extra care and attention on the part of the teacher, that the child has no business to be in class. It is the acceptance of this truth that has led in recent years to the development of special classes and schools for the benefit of such ‘high degree defectives’ to whom the term ‘cripple children’ is applied (Leipoldt and Cleaver, 1918:28 as quoted in Matshedisho, 2005: 118).

Further justifications for educating children with disabilities in separate facilities, away from those without disabilities, included the belief that they were incapable of benefiting from instruction and unfit to make practical use of the knowledge provided. Children with disabilities were blamed for preventing children without disabilities from being educated. Children with disabilities were viewed as “a serious and marked cause of delay in the progress of the whole class” (Moll, 1918:26). Finally, children with disabilities were excluded from mainstream education for the sake of the teachers.

Every teacher who has such children in his class can bear witness to the terrible trial, which they are. If such a mentally deficient is absent for one day the difference is at once marked. The teacher feels as if he had almost nothing to do. Certainly it is not every teacher who is able to teach these deficient children. Many do not even begin to do so. The more conscientious, after a time of fruitfulness effort, generally give up as a hopeless task (Moll, 1918:26).

The following section examines how, under the apartheid regime, race and gender had an impact on the education of children with disabilities in South Africa. In 1934 all government-run schools in South Africa were separated into ‘European’ and ‘Non-European’ categories. This practice was further adopted and enforced by the Nationalist governments that ruled after 1948. The education system under the apartheid rule in South Africa, “promoted race, class, gender and ethnic divisions and has emphasised separateness, rather than common citizenship and nationhood” (Naicker, 2000:1). Children with disabilities were labelled as having ‘special educational needs,’ and remained separated from ‘ordinary’ children without

disabilities (Soudien and Baxen, 2006; Lomofsky and Lazarus, 2001; Muthukrishna and Schoeman, 2000; NCNET, 1997). Due to apartheid policies, children with disabilities were further segregated according to disability category and race. During this period the South African education department was divided into eighteen racially-segregated education departments, each with its own policies regarding children with special education needs (Nkabinde, 1993). This caused discriminatory practices within all educational institutions and a great amount of duplication of functions, responsibilities and services (Soudien and Baxen, 2006; Lomofsky and Lazarus, 2001; Muthukrishna and Schoeman, 2000; Nkabinde, 1993; NCSNET, 1997). Provisions made for children with disabilities were “clearly both inefficient and inequitable” (DOE, 2001:36). The DOE (2001) identified that of all areas of education, children with disabilities were hardest hit by the inequalities of the past education system under the apartheid government. There were marked disparities in resources, teacher training, curriculum content, funding and resource allocations and quality of education received between white and ‘non-white’ special schools, as well as those based in urban and rural areas across South Africa (DOE, 2007; DOE, 2001; Lomofsky and Lazarus, 2001; DPSA, 2000; Muthukrishna and Schoeman, 2000; Du Toit, 1996).

The legacy of discrimination resulted in only 20% of children with disabilities having access to special schools (Engelbrecht, 2006; Soudien and Baxen, 2006; Donald, Lazarus and Lolwana, 2002; DOE, 2001). Some children with disabilities attended mainstream schools because there were no special schools available, or because there was no accessible transportation (UNISEF, 2009; DOE, 2007). These children were mainstreamed by default without being provided with the support they required to learn and progress (DOE, 2001). Without the support needed, these children often failed repeatedly and eventually dropped out of the school (Donald, Lazarus and Lolwana, 2002; DOE, 2001). The vast majority of black children, who made up approximately 80% of the learner population, either mainstreamed in regular schools by ‘default’ where they received little or no support, or were excluded from the education system completely (Engelbrecht, 2006; Soudien and Baxen, 2006; Donald, Lazarus and Lolwana, 2002; DOE, 2001; Collair, 2001; DOE, 1996). This led to children with disabilities becoming marginalised from their non-disabled peers, from full participation in society, and from economic participation in the community (NCSNET, 1997; Kriegler and Skuy, 1996; Lomofsky and Lazarus, 2001; Muthukrishna and Schoeman, 2000). In addition, black children with disabilities in rural areas of South Africa experienced extremely

inadequate resource provisioning, with the majority being excluded from the education system completely (Muthukrishna and Schoeman, 2000). This lack of education, or inferior education, had a direct impact on the employment opportunities for people with disabilities as there are limited employment opportunities for people without an education.

3.2.2.3 Education of children with disabilities in South Africa post-1994

In order to align itself with global international education trends, and to break all ties with the past apartheid system of education, South Africa has either ratified or become a signatory to international conventions protecting the rights of all children, including those with disabilities (Helldin, Bäckman, Dwyer, Skarlind, Hugo, Nel, and Müller, 2011; Engelbrecht, 2006; DOE, 2001). South Africa ratified the pioneering inclusive education policy, namely the UNESCO's *Salamanca Statement* in 1994. This highlighted South Africa's commitment to making a fundamental shift towards an inclusive education and training system (Nel, 2007). According to Engelbrecht (2006), inclusive education has been seen as an educational strategy that assists in contributing to a democratic society. In addition, the new democratic government of South Africa "committed itself to the transformation of education and key policy documents and legislation stress the principle of education as a basic human right as enshrined in the Constitution" (Engelbrecht, 2006:253). In order to overcome the injustices and inequalities of the past, the education section of the *Bill of Rights* in South Africa's new *Constitution* (Republic of South Africa, 1996) state that all learners have a right to basic education. *The Constitution* resulted in the *South African Schools Act 84 of 1996*, legislating for compulsory education for learners from the ages of six to 15, including for children with disabilities. This act meant that no child could be denied access to education on any grounds, including disability (Lomofsky and Lazarus, 2001).

As a result, the years 1994 to 1999 in South Africa saw "considerable political investment in changing the apartheid schooling and government" (Laauwen, 2004:31). In order to transform the education system, South Africa developed a number of educational policies to promote change (Helldin et al., 2011; Engelbrecht, 2006). Accordingly, these policies were based on access, equity, redress, quality, efficiency and democracy for all within *The Constitution*. Laauwen, (2004) stated that these social expectations were the main drive behind the inclusive education policy development process. The South African education system has changed, and continues to change, from a medical model of disability based on

diagnosis, treatment, categorisation and placement towards a social model of inclusive education and training system (Nel, 2007; Swart and Pettipher, 2006; Matshediso, 2005).

In October 1996 the ministry of education established the first commission of inquiry into issues relating to 'special needs education' (DOE, 2002). The years 1996 and 1997 saw the National Committee on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) complete a joint report (DOE, 1997). Four years later this report resulted in *The Draft White Paper on Special Needs* (DOE) and finally in 2001 *Education White Paper 6 (WP6)* (DOE, 1997), South Africa's policy on inclusive education. According to Professor Kader Asmal, then minister of education, *WP6* was seen as, "another post-apartheid landmark policy paper that cuts our ties with the past and recognises the vital contribution that our people with disabilities are making and must continue to make" (DOE, 2001:4). It provided the governments' long-term goal to achieve an inclusive education and training system.

This new inclusive system of education is based on equality for all, redressing past inequalities and enhancing the quality of education and training (DOE, 2001). *WP6* requires learners with disabilities to move from their segregated educational institutions into classrooms with their non-disabled peers. Hay and Beyers (2000) provide three main reasons why inclusive education was embraced in South Africa. Firstly, they believe that after 1994, South Africa had to "disentangle itself from the isolation of the apartheid era, and thus had to align itself with international trends" (Hay and Beyers, 2000:1). Secondly, after 1994, many African National Congress exiles returned from overseas bringing with them the most up-to-date educational policies and ideals. Thirdly, having one unified and inclusive education system that rejected classification according to race and disability was in line with current trends, moving away from the previously scenario, which consisted of 18 segregated departments of education (Hay and Beyers, 2000). In addition, inclusive education generates economic benefits, as it reduces the costs of social welfare and future dependence, increases potential productivity and wealth creation, and increases government revenue from taxes paid (Peters, 2003; Jonsson and Wilman, 2001).

As policy for inclusive education developed further, the term 'learners with special educational needs' was replaced with 'learners who experience barriers'. This was in line

with global trends that moved away from category of disability to level of support required (DOE, 2001). Under this definition, obstacles that are caused as a result of physical and intellectual disability, those created by economic and emotional deprivation as well as social exclusion are included (Helldin et al., 2011; Prinsloo, 2001). This reflected the human rights movement away from segregation to inclusion, “which included the belief that education support provisioning should not be separated, as had been the case during the apartheid era” (Laauwen, 2004:85).

This move towards an inclusive education and training system extends to include the situation of students with disabilities entering into and completing an education at a higher education institution. *WP6* includes students with disabilities within its definition of inclusion. *The National Plan for Higher Education* (DOE, 2001) commits higher education institutions to increasing access for students with disabilities. In addition, it requires these institutions to provide their institutional plans that need to include steps to accommodate and include students with disabilities (DOE, 2001).

The Council on Higher Education (CHE) conducted a research study entitled *Higher Education Monitor. South African Higher Education Responses to Students with Disabilities. Equity of Access and Opportunity* in 2005. This study was the first systematic attempt at gathering baseline information relating to students with disabilities within higher education in South Africa (Howell, 2005). The aim of this study was to gather information on the differing ways higher education institutions strive to create access for students with disabilities. This was by examining their policies, and looking at the resourcing of accommodation available (Howell, 2005).

3.2.2.4 Current global and South Africa education situation

Even with the global and local policies pushing for a move towards an inclusive education system, there are a number of issues that may prevent full inclusion. Polat and Kisanji (2009:2) state that “the field of special and IE is one of the most contested and controversial area of educational research, policy and practice.” This, they say, is due to differing debates, conflicting values and approaches with regard to differing educational policies (Polat and Kisanji, 2009). In addition, the differing definitions and differing practices of inclusion adds to the debate. In many countries, especially in many developing countries (including parts of

South Africa), children with disabilities remain hidden from their communities due to the stigma attached to those disabilities (Gartrell, 2010; Green, 2005; Green, Davis, Karshmer, Marsh and Straight, 2005). Many children with disabilities from these countries often still experience challenges both attending and completing school (Filmer, 2008; Tinklin, Riddell, and Wilson, 2004; Braxton, Milem, and Sullivan, 2000). Prinsloo (2001) identifies the following problems: inadequate protection of individual children's rights in spite of inclusive educational policies; marginalised and excluded voices have not been heard; experiences of people with disabilities of both inclusion and exclusion have not been adequately established; parent and community groups, especially in developing countries, have not sufficiently contributed to the move towards inclusive education; transformative teacher roles have not yet been established; special schools and specialised teaching techniques have not been utilised effectively to promote inclusion; further research is needed to examine pupil diversity; optimal inclusive organisational conditions; ways of overcoming exclusionary pressure and barriers to development; whether inclusion benefits all children; evaluating the effectiveness of an inclusive educational system. Soudien and Baxen (2006) also highlight the need for further research to be conducted in the area of disability and education.

While the policy of an inclusive education system aims to accommodate all children in inclusive regular schools within their communities, in reality not all children with disabilities are able to be accommodated. According to the *WRD*, even though countries are striving for an inclusive education system, no country has a fully met this goal (WHO, 2011). What seems to be important is a flexible approach to placement, based on the level of support that the individual child requires, together with what is financially possible and what human resources are available (WHO, 2011; Farrell et al., 2007; Silverstein, 2002; DOE, 2001). As mentioned earlier, *WP6* states that a move away from category of disability to level of support is required when examining placement options for children with disabilities. Although there was the perception that special schools would be closed, this has been disputed in *WP6*. Here the department of education has stated that special schools would be strengthened rather than abolished (DOE, 2001). According to *WP6* this would, in theory, result only in those learners who require high or intense levels of support being accommodated in vastly improved special schools. Children with sensory impairments may be better accommodated in separate special schools that are able to better accommodate their needs. Peel (2003) states that from a linguistic and cultural view, many children who are Deaf

and who use Sign Language as their primary means of communication, may be better accommodated in schools for the Deaf where the medium of instruction is South African Sign Language. This has been echoed in the 2011 *World Report on Disability (WRD)*, which reported that while some children with hearing impairments may benefit from mainstream academic education, their ‘sense of self’ suffered. This may be as a result of not being able to communicate with their peers and teachers.

While children requiring low and medium levels of support are encouraged to attend regular inclusive schools, known as ‘full service schools’ in South Africa, in reality, many of these children experience difficult challenges. These challenges can be as a result of many contributing factors including large class size, lack of support, assistive devices, resources and materials (WHO, 2011; CASE, 1999). If the needs of children with disabilities are not accommodated in these ‘full service schools’ they may be better placed in special schools as in many countries there are no other alternatives (WHO, 2011, DOE, 2001; CASE, 1999).

There will be poor outcomes for children with disabilities in a general class if the classroom and teacher cannot provide the support necessary for their learning, development, and participation. Their education will tend to end when they finish primary school, as confirmed by the low rates of progression to higher levels of education (WHO, 2011:212).

Soudien and Baxen (2006) state that while policies such as *WP6* have aided in promoting an inclusive education system, there is still a great amount of work required in the implementation of this approach. They further state that while *WP6* identifies that there is a broad range of needs amongst the learner population in South Africa and that these needs are as a result of society’s inability to accommodate individual’s needs, it omits to acknowledge the impact of the individual’s impairment. *WP6* fails to “engage the deep ideological underpinnings of the disability discourse and remains silent on the discourse of the marked body, even as we reshape the physical and material order” (Soudien and Baxen, 2006:160-1).

The *WRD* (2011) puts forward that the challenges that children with disabilities experience within inclusive education systems are a result of either systemic or school-based problems. The systemic barriers include: divided ministerial responsibility; lack of legislation, policy, targets, and plans; inadequate resources. The school-based difficulties include: curriculum and pedagogy; inadequate training and support for teachers; physical barriers; labelling; attitudinal barriers; violence, bullying and abuse.

Each of the above is now discussed with regard to some of the obstacles to the implementation of inclusive education. Many countries do not have a directorate for inclusive education based within a centralised education department. In some countries, the education of children with disabilities falls under or is split between government departments such as health, social development or social protection. This segregation shows how many countries still view children with disabilities as being “in need of welfare rather than equality of opportunity. This particular model tends to further segregate children with disabilities, and shifts the focus from education and achieving social and economic inclusion to treatment and social isolation” (WHO, 2011:214).

In spite of global inclusive education policies that encourage countries to move towards an inclusive education system, many children with disabilities around the world experience difficulties due to a lack of legislation, policy, targets and plans (WHO, 2011). Many obstacles to inclusive education are as a result of a lack of financial incentives, social protection and support services for children with disabilities. The *WRD* states a successful implementation of an inclusive education system is dependent “largely on a country’s commitment to adopt appropriate legislation, develop policies and provide adequate funding for implementation” (WHO, 2011:217). Countries need to develop national plans and policies for inclusive education with clear and achievable implementation plans.

Globally, many children with disabilities experience barriers related to a lack of, or inappropriate, devices. This is especially true for many residing in developing countries where there are limited budgets for education. Some of these countries do not have the financial means and thus have a shortage of schools, inadequate facilities, lack of suitably and appropriately qualified and experienced teachers and a lack of learning and teaching support materials (WHO, 2001; DOE, 2001). While the *Dakar Framework for Action* acknowledges that in order to achieve ‘education for all’, increased financial support via bilateral and multilateral donors is required and this is not always taking place. This results in restricted progress (UNESCO, 2010). When it comes to funding, it has been shown that inclusive schools are more cost-effective than specialised units or special schools (WHO, 2011; DOE, 2001).

The *WRD* states that there is no universal definition for terms such as ‘special needs’ or ‘inclusive education’, which makes comparing data from different countries difficult (WHO, 2011). The curriculum and pedagogy in education of children with disabilities remains a challenge for many children with disabilities. Rigid curricular learning and a lack of appropriate teaching support materials results in exclusion. Inappropriate assessment and evaluation methods may also create difficulties (WHO, 2011). It is crucial that education systems adopt a learner-centred approach and focuses on the individual children’s strengths and needs. Ideally, there should be one curriculum for all children that can be modified accordingly, rather than a separate curriculum for children with disabilities (Engelbrecht et al., 2006; DOE, 2001). Individual learning plans should be created according to the needs of the individual child and not category of disability. Careful examination of teaching methods, learning support materials, assessments and examinations, and assistive devices needs to be taken to ensure that all children’s needs are being met (WHO, 2011; Engelbrecht et al., 2006; DOE, 2001).

When teachers do not have the appropriate specialised training, materials, resources, time or if they use incorrect teaching methods and modes of communication, the education of children with disabilities may suffer (Helldin et al., 2011; Swart and Pettipher, 2005; DOE, 2001). In addition, overcrowding and a lack of classroom assistants can also lead to obstacles being experienced (WHO, 2011; Engelbrecht et al., 2006; Peel, 2003). It is important that teacher-training students receive training on inclusion and that existing teachers receive in-service training, which should focus on attitudes and values of inclusive education and not just the theory behind its adoption (WHO, 2011; DOE, 2001). It is vital that teachers and classroom assistants with disabilities are employed and that they receive appropriate training and support; in so doing, they can act as role models to children with disabilities. This is especially important for children who are Deaf. With approximately 90% of children who are Deaf being born to hearing families, adults who are Deaf act as both Sign Language and Deaf-culture role models (Mitchell and Karchmer, 2005; Peel, 2003). In addition, there needs to be collaboration and support between teachers who previously or currently teach in special schools, and those in inclusive educational settings (WHO, 2011; Engelbrecht et al., 2006; UNESCO, 2003; DOE, 2001).

Many school buildings, classrooms and facilities, as well as actual access to these schools, remain inaccessible to children with disabilities. This immediately prevents them from receiving an education. In order to address this, principles of universal design should be adopted and included in policies relating to the built environment. A lot of accommodation, such as classroom layout, has no financial implications. Including universal design principles when constructing new buildings would only add approximately one percent to the building costs, which is far more cost effective than making modifications at a later stage (WHO, 2011; OECD, 2006).

Many children with disabilities remain categorised according to disability type rather than according to level of support they require. Many are labelled, which may result in negativity. This would include “stigmatization, peer rejection, lower self-esteem, lower expectations, and limited opportunities” (WHO, 2011:215). This often results in children electing to not disclose their disability, which results in them not receiving the support and accommodation they require. According to Engelbrecht et al. (2006) this is an urgent need that needs to be addressed in many South African schools.

Research has shown that negative attitudes towards disability and towards children with disabilities remain key obstacles in the education of children with disabilities (Helldin et al., 2011; Pottas, 2004; Gerber and Price, 2003; Gilmore, Campbell, and Cuskelly, 2003). Some children with disabilities are prevented from attending schools due to the cultural stigma attached to their disabilities. The attitudes of the community, staff, teachers as well as fellow pupils have a direct impact on how a child with a disability is included (Yssel, Engelbrecht, Oswald, Eloff and Swart, 2007; Engelbrecht, 2006; Hay, Smit and Paulsen, 2006; Engelbrecht, Oswald, Swart, Kitching and Eloff, 2005; Prinsloo, 2001). According to Howell (2006) the perceptions of some teachers and principals in special schools in South Africa is that children with disabilities are not able to obtain a higher education (WHO, 2011). There are still teachers who do not believe that children with disabilities are able to achieve the same academic results as children without disabilities; and that such children should therefore remain in special schools and not be provided with the same subjects and levels of education (WHO, 2011; Peel, 2003; DOE, 2001). Many children with disabilities experience forms of violence, bullying and abuse by teachers, staff members and fellow pupils. According *The*

WRD these children often bear the brunt of these acts and some choose to remain in special school to avoid these situations (WHO, 2011).

The *WRD* puts forward that including children with disabilities into schools does not guarantee their full participation and that the ethos of a school that values diversity and provides a safe and supportive environment is vital. In order to overcome stigmatisation and other challenges it is important that teachers have a positive attitude towards both inclusion and children with disabilities (Dupoux, Wolman and Estrada, 2005; Campbell, Gilmore and Cuskelly, 2003). In spite of global and local policies and legislation, it is ultimately the teacher in the classroom who is responsible for the successful implementation of inclusive education; without a change in attitude towards disability and children with disabilities, difficulties will be created (Helldin et al., 2011; Yssel et al., 2007; Engelbrecht, 2006; Hayl et al., 2006). Most negative attitudes stem from fear and ignorance, which can, according to the *WRD*, be overcome through training and open communication. It is vital that partnerships be formed between the community, parents of children with disabilities, disability organisations, schools and most importantly children with disabilities themselves, to effectively implement inclusive education (WHO, 2011; Engelbrecht et al., 2006; UNESCO, 2003; DOE, 2001).

Laauwen (2004) examined the implementation of *WP6* and examined the reasons for the four-year delay in its publication. She noted that this lag “resulted in a great deal of speculation about the policy being placed on the ‘back burner’” (Laauwen, 2004:81). Jansen (2001) suggested that this delay could have been as a result of it being the last of the education White Paper documents to be published between 1994 and 2004. Laauwen, stated that *WP6* was published at the end of “what Jansen (2001) described as a ‘flurry’ of policy development that had taken place under the new government since 1994” (2004:72). In addition, even after 11 years, *WP6* remains a White Paper and therefore only has the status of an official policy statement and not of an Act. The period for implementation of *WP6* is from 2001 to 2021 and presently it has only “been implemented in designated nodal areas and resourced from international funders” (Laauwen, 2004:83).

In the consideration of students with disabilities entering into and completing an education at a higher education institution in South Africa, there is limited data available (FOTIM, 2011; Howell, 2005). The Council on Higher Education (CHE) conducted research into the

situation of students with disabilities across South Africa's higher education institutions. Findings revealed that while disability units based at these institutions stated that they provided support to students with disabilities, upon investigation it was noted that this support was mainly given to students with visual and physical impairments. Very little provision was made for students with other disabilities (Howell, 2005).

While *WP6* includes students with disabilities, it is mainly focused on children in primary phase of education (DOE, 2001). It only includes three paragraphs on accommodating students in tertiary institutions with disabilities. It states that it is not possible for all higher educational institutions to provide assistive devices for students with disabilities (DOE, 2001). FOTIM (2011) conducted research into the situation of students with disabilities in higher education and highlighted a number of areas that needed addressing. These included a lack of common definition of disability between institutions; a number of definitions being purely medical-model based; disability and accommodation being dealt with in a fragmented manner; a lack of disability policies; disability being seen as separate to diversity and transformation issues; lack of reasonable accommodations (FOTIM, 2011).

To conclude, research has shown that there is a clear link between education, both at school and in higher education, and employment (WHO, 2011; Gartrell, 2010; ILO, 2007; Hart, et al, 2004; Zafft, Hart, and Zimbrich, 2004; DOE, 2001; Prinsloo, 2001). As mentioned earlier in this section, there is a strong link between the education of people with disabilities and their opportunities for employment. A reason for the shortage of suitably qualified applicants with disabilities seeking to enter into employment that many children and youths with disabilities have not received an adequate education (Barnes, 1992). The education of many children with disabilities “does not provide them with the confidence, skills or qualifications needed to find work. Several studies have noted the appalling lack of self-confidence, basic literacy skills, and absence of recognised educational achievement among school leavers with disabilities in looking for work” (Barnes, 1992). Quality education assists people with disabilities in accessing decent employment opportunities, thereby acquiring a competitive advantage and increased earning capacity, which results in economic independence.

3.2.2.5 Education summary

This section examined the education of children and students with disabilities, both globally and in South Africa. Literature revealed that since 1994, South Africa has made a shift from the medical model view of disability, where children with disabilities were educated in separate facilities. There is now a move towards an inclusive education approach that is based on the social model of disability. According to Schneider et al. (1999), a person with a disability who has no formal education, has a 60% likelihood of being in the lowest income category in South Africa, compared to 44% if they had no disability. Today, although all children are seen as having equal rights and access to education, in reality, many still experience barriers in education due to restricted understanding regarding disability. In addition their rights are “restricted to the availability of appropriate resources for support” (Matshediso, 2005:228). Thus, while a progressive policy like WP6 embraces the social model of disability, it fails to achieve its objectives due to a lack of implementation. As a result, children with disabilities experience the same challenges associated with the traditional medical model of disability. Research also suggests that the threat of negative attitudes towards disability extends to those entering higher education, so much so that some students are reluctant to disclose their disabilities. Retention within higher education is also challenged by negative attitudes, as well as a lack of accommodation for the needs of students with disabilities in terms of support and practical issues such as accessible venues. Hence, while the approach of policy has improved, until a holistic view is adopted, including effective implementation and accountability linked to policy, the same difficulties to an adequate education will be experienced by children and students with disabilities. To conclude, the low levels of education exacerbate unemployment among people with disabilities (DBSA, 2005).

3.3 Employment of people with disabilities

This layout of the remainder of this chapter has been loosely based on the integration and retention phases of employment as laid out in the *Employment Equity Act (EEA)*, and its supporting documents, namely, the *Code of Good Practice on the Employment of People with Disabilities* (Code), and the *Technical Assistance Guidelines on the Employment of People with Disabilities* (TAG). The reason for the selection of *The EEA* and the headings of its supporting documents are two-fold. Firstly *The EEA* is the only piece of legislation pertaining to the employment of people with disabilities in South Africa. Secondly, the study made use

of *The EEA* headings during the development of the interview schedule. To ensure continuity, the layout of the findings, as well as that of the literature review, is based on the same headings.

Employment of people with disabilities	
Employment integration	Employment retention

3.3.1 Integration into employment

The most difficult stage in the employment process is often entering the labour market for the first time or obtaining a job after a period of unemployment or inactivity (Arthur and Zarb, 1995:5).

This section of the literature examines the integration steps that occur during the recruitment phase of employment. It focuses on issues surrounding the application process, interview and selection procedures of recruitment into employment.

Employment of people with disabilities
Employment integration
Preparation for recruitment
Application forms and advertisements
Social relations to employment
Confidentiality and disclosure
Interviews
Selection
Medical and psychometric testing
Reasonable accommodation

3.3.1.1 Preparation for recruitment

The International Labour Organization (ILO, 2002) puts forward that employers should be mindful of being non-discriminatory when they prepare for recruitment. This is to ensure optimal benefit to the employer and equal opportunities for candidates with disabilities. To encourage people with disabilities to apply for positions, employers should include a commitment to equal opportunity statement within their recruitment procedures as well as in their advertisements.

The Code and *TAG* state that employers should be mindful of three main aspects when recruiting people with disabilities. Firstly, they need to identify the job functions to determine the inherent requirements, the basic qualifications, as well as the competencies that are needed to perform the essential functions of the available position. The inherent requirements are the reasons for which the position exists. The essential functions and duties of the position are those required to complete the work. Secondly, employers should clearly identify the necessary skills and capabilities for the position and ensure that they do not unnecessarily exclude people with disabilities. Lastly, they should provide reasonable criteria for selection, ideally in writing, for employment applicants relating to available positions (DOL, 2003; DOL, 2002). The National Council on Disability (2007) states that, in spite of policies and legislation, research has shown that numerous employers are reluctant to hire people with disabilities, and that this reflects discrimination and ignorance. It further states that this manifests as uncertainty relating to whether a person with a disability has the ability to undertake the work, resulting in a significant obstacle to the hiring of a person with a disability. According to McMahon, Roessler, Rumrill, Hurley, West, Chan and Carlson, (2008) and Hernandez, Keys and Balcazar, (2000) the high unemployment rate among people with disabilities provides the most convincing evidence of continued and persistent hiring discrimination.

3.3.1.2 Application forms and advertisements

In order to prevent difficulties and to encourage suitably qualified people with disabilities to apply for positions, the following should be noted with regard to application forms and advertisements. Firstly, information pertaining to the vacancy should be clear and concise. Advertisements should be made available in an accessible format; for example, where people with visual disabilities are not able to access such as printed media (DOL, 2003, ILO, 2002).

Advertisements should, where possible, be circulated to disabled peoples' organisations (DPOs) as the majority of these organisations have access to a database of people with disabilities who are seeking employment. It is crucial that the wording used on the application form or advertisement is non-discriminatory, and that people with disabilities are encouraged to apply for the position (DOL, 2003; ILO, 2002). Advertisements should include sufficient detail about the essential functions and duties of the positions, so that potential applicants with disabilities can make informed decisions as to whether they meet the inherent

requirements of the job. It is important that the application forms focus on identifying an applicant's ability to perform the essential functions, and not inherent requirements of the position. For example, advertisements that state that a driver's licence is necessary when it is not an essential job requirement for the position may exclude people with visual disabilities and those with Epilepsy (ILO, 2002). They should only focus on requesting how applicants with disabilities are qualified to perform the essential functions of the job. These criteria may unfairly exclude people with disabilities, which is why it is important that a job profile and job specifications are drawn up and developed prior to the advertisement being published. This allows the employer to identify the inherent requirements and essential functions of the job together with the necessary skills and capabilities required to perform the job. If possible and if requested, advertisements should be made available in alternative formats to print media and electronically. These could include large print, Braille or audiotape.

Once advertisements have been circulated and applications are made, employers need to use the same criteria to test the ability of people with disabilities that they would use for applicants without disabilities. During the selection process of an applicant with a disability, employers may follow a two-stage process in assessing whether they are suitably qualified for the position. Firstly, they are required to assess whether the applicant with a disability has the necessary qualifications, and secondly, whether the applicant requires accommodation to be able to perform the inherent requirements or essential functions of the position. During this process an employer may not request information relating to the applicant's disability from past employers or any other sources. Discrimination in selection criteria is only related to a reasonable functional impairment where the applicant's impairment makes it unfeasible for them to perform the inherent requirements of the job. In order to remove potential selection barriers, an employer should ensure that their selection criteria do not exclude people with disabilities (DOL, 2003; DOL, 2002; Miceli et al., 2002). According to Miceli, Harvey and Buckley (2002), employers should conduct selection meetings to gather information and to measure the degree of compatibility between the candidate, the position and the organisation. The aim of this process is to select the most suitable and qualified candidate for the position, which will result in better work performance and improved organisational outcomes (Miceli et al., 2002). In line with the social model of disability, the job application and post-evaluation should not focus on the nature of a potential employee's disability, but rather concentrate on their abilities (DBSA, 2005). Employers need to ensure

that they make their decision based on purely work related-criteria, as employer bias often negatively influences the outcome (DBSA, 2005).

Even though global disability movements and legislation has resulted in accessibility for numerous people with disabilities, many still experience obstacles and discrimination in the hiring phase of employment (McMahon et al., 2008; Spirito-Dalgin and Bellini, 2008; Stone and Colella, 1996). Research has shown that the integration phase of employment for people with disabilities is extremely difficult, due to direct discrimination and other barriers the basis of their disabilities (Arthur and Zarb, 1995). In addition, they note that there is a significant difference between the experiences of employment integration between those with acquired disabilities and those with congenital disabilities. This is due to “their different opportunities to acquire skills, qualifications and work experience, which may also impact on levels of confidence and expectations” (Arthur and Zarb, 1995:5). According to Workway (2004:36), beginning a new job or returning to employment after a prolonged absence can be a daunting experience. Both the attitudes and support provided by employers, middle management and supervisors “at this stage can mean the difference between success and failure.”

Many employers create barriers through the wording of the job advertisements or in the description of the position, which discourages people with disabilities from applying (ILO, 2002). Arthur and Zarb (1995) state that the requirement for a health screening as part of the selection process is also likely to discourage or exclude some people with disabilities.

Despite policy and legislation relating to the employment of people with disability, *The Code* states that they are often unfairly discriminated against during the advertising and interviewing process, which either excludes or limits their ability to prove themselves (DOL, 2002). Bricout and Bentley (2000) comment that the completion of application forms by people with disabilities has a direct impact on their interview outcome as well as their chances of being hired. This is because employers link the information to employment-related characteristics including motivation, performance, reliability and effectiveness, when deciding to hire or not (Bricout and Bentley, 2000). Despite this, studies have shown that people with disabilities are rated less favourably to those without disabilities (Wilson-Kovacs, Ryan, Haslam, and Rabinovich, 2008; Bordieri, Drehme and Taricone, 1990). Miceli et al. (2002) state that employer bias against disability may result in a less qualified and

suitable candidate being selected over a well-qualified and experienced person with a disability.

Researchers have found that stigma relating to disability has a negative impact on the hiring of people with disabilities. This stigma results in disability being associated with decreased or lack of ability. Furthermore, employers believe that people with disabilities are unpredictable and unproductive, show sporadic attendance, display unsafe work behaviour, and require costly accommodation. This may lead to other employees demanding additional requests (Leasher, Miller and Gooden, 2009; McMahon et al., 2008; Hernandez, Cometa, Velcoff, Rosen, Schober and Luna., 2007; Cook, 2006; Pearson, Ip, Hui, Yip, Ho and Lo, 2003; Bricout and Bentley, 2000; Diksa and Rogers, 1996). In addition, research has shown that hiring-discrimination does not manifest itself in the same manner across all disability categories and that a preferential hierarchy, based on disability type, exists amongst employers with regard to the employment of people with disabilities (Hernandez et al., 2007; Miceli, Harvey and Buckley, 2002; Jones, Gallagher, Kelley and Massari, 1991). People with visual, neurological, intellectual and psychological disabilities generally experience higher levels of discrimination than those with other forms of disability during the hiring phase of employment (Leasher et al., 2009; McMahon et al., 2008; Spirito-Dalgin and Bellini, 2008; Houtenville, 2004; Bricout and Bentley, 2000; Duckett, 2000). Studies showed that, in general, employers expressed a more positive attitude towards people with physical disabilities, and perceived them as more desirable for employment (Hernandez et al., 2007; Miceli et al., 2002; Jones et al., 1991).

3.3.1.3 Social relationships to finding work

Research has shown that social relationships are crucial in both finding employment, as well as seeking better employment opportunities (Langford, Lengnick-Hall and Kulkarni, 2012; Potts, 2005; Silliker, 1993). According to Silliker (1993), between 40% and 70% of people obtain employment through social network contacts. These social networks are beneficial to both the employer as well as to the prospective employee. On the one hand, employers make use of contacts that provide trustworthy and reliable information about the prospective employee. On the other hand, prospective employees make use of personal contacts to access more employment opportunities, and some positions are accessed purely via word of mouth.

In addition, networks are effective job-seeking tools that often provide more suitable and higher paying positions (Langford et al., 2012; Potts, 2005; Hansen, 2000).

A number of studies have shown that family support and expectations play a significant role in employment placement for people with disabilities (Langford et al., 2012; Lindstrom, Doren and Miesch, 2011; Shankar, 2008; Vila, Pallisera, and Fullana, 2007). According to Potts (2005) and Hagner, Butterworth and Keith (1995), despite many people with disabilities receiving support from family members, friends and co-workers, many do not have a wide social network on par with people without disabilities. Potts (2005) attributes this to societies' lack of socialisation with people with disabilities. This may be the case as people with "cognitive disability, severe communication disability, very limited mobility, or major facial or physical disfigurement might be at highest risk for having limited social networks, because these disabilities seem most likely to impact personal interactions" (Potts, 2005:23). Langford et al., (2012), state that individuals with disabilities are often constrained and underutilise their social networks when seeking employment, which may lead to negative employment results. This, they state, is a contributing factor to 'the employment gap' between individuals with and without disabilities.

3.3.1.4 Confidentiality and disclosure of disability

The applicant or employee with a disability may choose to disclose their disability, impairment and related accommodation requirements at any time in the employment process (DOL, 2003:51).

It is important that employers are aware of issues surrounding confidentiality and disclosure relating to employees with disabilities, as this has a direct impact on their integration and retention in employment. According to *The TAG*, no employee with a disability can be forced into disclosing their status and they are entitled to keep their disability status confidential. The status of particular individuals and the nature of their disabilities and impairments cannot be revealed unless it is required for the health or safety of the person concerned, or of other persons in the workplace. In such a case, the employee with a disability should be consulted and written consent for disclosure from that employee should be obtained. In addition, *The TAG* states that employees with non-visible disabilities may be asked by the employer to provide information about their disability. However, they are not obligated to provide detailed information about their medical history or their medical condition (DOL, 2003). *The*

Code states that if a prospective employee with a disability chooses to not disclose their disability, an employer is not obligated to provide them with reasonable accommodation. If the disability is self-evident, then the employer can be expected to be aware and be proactively involved in conferring with the employee on what reasonable accommodations may be required (DOL, 2002).

While trying to secure employment, many people with disabilities are faced with the dilemma of whether or not to disclose their particular condition to their employer. This has a number of consequences, including the challenges associated with stereotypes, stigma and labelling (Spirito-Dalgin and Gilbride, 2003; Duckett, 2000). Research has shown that many employers are concerned with issues surrounding health and safety when employing people with disabilities (Morgan and Alexander, 2005). In addition, employer perceptions of the work performance of a person with a disability are a factor in future hiring practices for people with disabilities (Lowton, 2004). Current literature on disability reveals a number of insights. Firstly, disclosure is frequently cited as a concern. Many job applicants with disabilities experience anxiety relating to the potential for discrimination and firing, together with worries regarding loss or renegotiation of identity. These factors alone lead many people with disabilities to conceal their conditions (Lowton 2004). Secondly, this belief is reinforced by experiences where disclosure of disability by applicants has resulted in negative employment outcomes (Wilton, 2006; Bishop, 2002). These findings are “significant, because it highlights the extent to which employers see the entire spectrum of disabled people as a homogeneous whole” (Shier, Graham and Jones, 2009:68). These factors influence the decisions of people with disabilities to disclose their disabilities during an interview (Duckett, 2000).

According to *The Code* and *TAG*, employers, together with health and medical services personnel, are only able to obtain personal information relating an applicant or employee’s disability if it is for a ‘legitimate purpose’ (DOL, 2003; DOL, 2002). In this regard a legitimate purpose would be one ensuring that the purposes of *The EEA* are adhered to; for example, that no one is unfairly discriminated against through the dissemination of personal information. In addition, they may not disclose information pertaining to disability without permission in writing from the person concerned. This information needs to remain confidential and may only be accessible to other employees whose job it is to deal with such

information. Such persons could be the human resource manager or health and safety officer, but only after written permission has been granted. Care must be taken to keep records relating to the disability of employees confidential and separate from general personnel records (DOL, 2003; DOL, 2002). When it comes to disclosure, an applicant or employee with a disability has the right to choose whether or not to disclose their disability and related reasonable accommodation requirements at any time during the employment process, even if they do not require accommodation. If a person does not disclose their disability, or it is not self-evident, the employer is not obligated to provide reasonable accommodation. If the person's disability is self-evident, or if the person discloses, then the employer can be reasonably expected to provide the necessary accommodation if required (DOL, 2003; DOL, 2002). According to *The TAG*, if a person's disability is not self-evident, the employer is permitted to request information to confirm the person's disability and related requirements (DOL, 2003). If the employer requires further information, they are entitled to ask the person with a disability to undergo a functional assessment if this is directly related to the specific job or essential functions of the position. It is essential that if an employer requires further information, it must be relevant to a specific job and its essential functions. Costs relating to testing or assessments must be covered in full by the employer.

While *The EEA* states that people with disabilities have the option to disclose their disabilities at any time, for many this discussion is complex and often has repercussions. Madaus (2008:291) states that disclosure of disability is "an intensely personal and complex decision, as the costs and benefits of disclosure must be weighed against a variety of concerns." An employee with a disability is required to assess whether their disability will affect their ability to perform their job, and weigh up whether requesting assistance is less costly overall, when compared to requesting such assistance from their employer (Shier et al., 2009; Madaus, 2008; Wilton, 2006; Allen and Carlson, 2003; Baldrige and Veiga, 2001; Hughes and Williams, 1994). Some people with disabilities elect to disclose their disabilities in the employment process. Of those who do disclose, many do so to access reasonable accommodation and to make others aware of their disabilities (Rocco, 1999). Some wish to disclose for the benefit of others "to help, to motivate, to change attitudes, and to serve as a teaching moment" (Madaus, 2008: 297).

On the other hand, many people with disabilities choose not to disclose, as they feel that there is no need because they may not require accommodation. Some are able to cope without support, while some fear discrimination. According to Goldberg, Killen and O'Day (2005:487), nondisclosure allows people with disabilities to engage in employment "without fear of prejudice or discrimination." Others choose not to disclose due to fear of disclosure negatively affecting relationships with employers, fellow employees, as well as concerns relating to employment security (Shier et al., 2009; Madaus, 2008). These fears are not unfounded as many people experience difficulties after disclosure of their disabilities. Madaus (2008:296) discovered that negative experiences relating to disclosure included: a lack of respect, lowered expectations or confidence from others, lack of employment offers, or being passed over for promotions after disclosure. On the other hand, some studies have shown that people who do not disclose their disabilities also experience challenges relating to explanation of "uneven employment history, obtaining work accommodations, and keeping the diagnosis confidential" (Goldberg et al., 2005:487).

Research has shown that many employees are concerned with the repercussions after disability disclosure, especially those with invisible disabilities such as learning or psychiatric impairments, or those that carry significant social stigma (Shier et al., 2009; Madaus, 2008; Spirito-Dalgin and Bellini, 2008; Baldrige and Veiga, 2001). According to Rocco (2004:1), "once disability status is disclosed, a person with invisible disabilities becomes suspect and future interactions may be tainted." Due to this, many people with disabilities do not disclose their disabilities and therefore do not obtain the reasonable accommodation that they require to carry out their jobs (Shier et al., 2009; Madaus, 2008; Baldrige and Veiga, 2001). People with disabilities need to examine whether disclosure of disability in order to access reasonable accommodation is less costly than the repercussions of disclosure and the reactions of fellow employees and management (Madaus, 2008; Rocco, 1999). Many people with disabilities fear being treated differently, being unfairly dismissed, or being viewed as being unable to complete their work or being less able (Shier et al., 2009; Madaus, 2008; Gerber and Price, 2003; Baldrige and Veiga, 2001).

Although *The EEA* states that disclosure of disability can occur at any time during the employment process, research has shown that the timing of disclosure is important (Madaus, 2008; Vance, 2004). Disclosure can occur during the following stages: application; interview;

selection; employment offer and acceptance; in employment; or when the need arises (Madaus, 2008; Vance, 2004; Rocco, 1999). Each of these differing periods has advantages and disadvantages relating to disclosure of disability and the reactions of employers. For some people with disabilities, disclosure during the application phase of employment is believed to place them at an increased disadvantage relative to those without disabilities (Wilton, 2006; Lowton 2004). This belief is validated by past experiences where disclosure resulted in negative employment outcomes (Bishop, 2002).

Studies showed disclosure during an interview may result in the provision of support and reasonable accommodation, which may lead to successful integration into employment and rewarding work experience (Spirito-Dalgin et al., 2008). Thompson (1982) comments that employers responded more positively to people who disclosed their disabilities and this impacted on employment in a clear and concise manner during interviews, as opposed to those who did not disclose. On the other hand, disclosure during this phase can have negative results including discrimination during hiring and a failure to obtain employment (Shier et al., 2009; Spirito-Dalgin et al., 2008).

Some studies have shown that employers are more prepared to accommodate an employee with a disability who has existing experience within their company, to those without (Madaus, 2008; Goldberg et al., 2005). Some employees with disabilities elect to disclose after having gaining experience within the workplace and feeling that they were able to prove their abilities to fellow employees and employers (Goldberg, Killeen and O'Day, 2005). In some instances, employees with disabilities become aware of the accommodation they require once in employment, while others may have been unaware of their right to accommodation beforehand. Other employees chose to disclose once their disabilities progressed or once their symptoms increased (Goldberg, Killeen and O'Day, 2005). Disclosure during employment may result in negative perceptions between employees with disabilities, their employers and with management. This may result in challenges in obtaining the accommodation required (Shier et al., 2009; Madaus, 2008; Vance, 2004; Gerber and Price, 2003). After disclosure, some people with disabilities experience insensitive treatment, stigmatisation or uncomfortable attention from employers or fellow employees (Goldberg et al., 2005).

To conclude, disclosure of disability is a personal decision that can be done at any time during the employment process. Having said this, disclosure is “a Catch-22 to require people to disclose something that can and often is used against them in hiring and promotion decisions” (Rocco, 2004:2). Many people with disabilities debate long and hard whether to disclose or not, as they are required to disclose their disabilities in order to access reasonable accommodation but are sometimes discriminated against due to their disclosure (Shier et al., 2009; Madaus, 2008; Rocco, 2004).

3.3.1.5 Interviews

Interviews should be objective and unbiased. Interviewers should avoid assumptions about the abilities of people with disabilities (DOL, 2003:28).

According to *The Code*, it is important that interviews are sensitive, objective and unbiased (DOL, 2002). If an applicant has disclosed that they have a disability on their application form, or when requested to attend an interview, and indicates the need for reasonable accommodation, employers are required ensure that these are provided. This is to ensure that the necessary accommodation is made in order to make sure the applicant with a disability is able to actively participate in the recruitment process. Applicants with disabilities should be encouraged to disclose their disabilities at this stage as well as to provide information on their requirements. During the interview, if an applicant discloses that they have a disability or if it is self-evident, the person conducting the interview must focus on the applicant's qualifications for the position irrespective of the nature, degree or severity of the disability. Interviewers should direct their questions to the inherent requirements of the job and its essential function, and request whether reasonable accommodation is required. It is important that no further detailed discussion regarding the need, or costs, relating to any reasonable accommodation to perform the essential functions of the job be entered into. Rather, interviews should be purely focused on what accommodation is required for a person with a disability to attend an interview. Both *The Code* and *TAG* state that in the event of an applicant arriving for an interview with the employer not having any prior knowledge of their disability, flexibility should be exercised (DOL, 2003; DOL, 2002).

Research has shown that many people with disabilities experience discrimination during employment interviews (Duckett, 2000; Marchioro and Bartels, 1994). According to Duckett (2000), while employers perceive disability from a medical model view, employment

opportunities for people with disabilities remain restricted. Shier et al. (2009), and Kitchin, Shirlow, and Shuttleworth (1998) found that a significant cause of this form of discrimination was due to employers' fears relating to the unknown, and the possibility that they too could become disabled. In 2010, Duckett conducted further research into the experiences of people with disabilities during interviews. He noted that stress was experienced by both the interviewee as well as the interviewer. His findings revealed that many interviewers acted nervously and appeared insecure during interviews with people with disabilities. This resulted in people with disabilities picking up on these, and in turn, experiencing feelings of anxiety and tension themselves. The ILO (2002) states that many people with disabilities experience the following barriers during the interview process: inaccessible interview venues, negative attitudes of interviewer/s towards disability, inappropriate personal questions relating to the person's disability instead of the job position, and a lack of understanding with regard to using a Sign Language interpreter. It is for this reason that the interview location venue should be fully accessible, information should be available in an accessible format and interpreters or facilitators should be provided to people with disabilities, if required (DOL, 2003; Arthur and Zarb, 1995).

Shier et al., (2009) conducted research into ways in which people with disabilities modified their actions in response to experiences of stigmatisation. In their study, they reported that participants reacted in the following manners. One participant with a physical disability diverted attention away from his walk by informing the employer about his past experiences of successful interviews he had attended. Some made use of humour to detract the attention away from their disability. This is not always appropriate but can assist in lightening the mood. Additional participants spoke about the helpfulness of educating employers at the start of their interviews; this was seen as a useful tool in decreasing stigmatisation (Shier et al., 2009).

3.3.1.6 Selection

After receiving an application, *The TAG* states that an employer should short-list potential employees using a selection process that is fair and non-discriminatory (DOL, 2003). The criteria used to assess the ability of applicants must be the same for both people with and without disabilities, and documentation to prove that unfair discrimination did not occur should be kept (DOL, 2003). *The TAG* does however make concessions relating to functional

impairment that prevents a person from performing the inherent requirements of the position. Also, ratings by employers during the selection period needs to be reviewed in order to search for biases, as these biases may result in negative ratings for applicants with disabilities. Skewed ratings result in obstacles preventing applicants with disabilities from entering into employment. In order to address this, identification and investigation into potential barriers is essential in order for people with disabilities to have equal opportunities in selection and thus integration into employment (Leasher et al., 2009). According to the ILO (2002), when an employer offers a job to a candidate with a disability, they should discuss any disability-related modifications to the workplace environment, schedules or training, together with any job training or support required, in consultation with the candidate directly.

Many employers believe that the majority of positions within companies are not suitable for people with disabilities, which is as a direct result of employers' biased and discriminatory assumptions (Barnes, 2003). Some employers state that the reason why they are unable to employ people with disabilities is due to inaccessible buildings and unsuitable premises. Barnes (2002:17) states that the built environment, "both in the workplace and elsewhere, presents major problem for many disabled people. Furthermore, employers consistently use these criteria as excuses for not employing disabled workers." Employers often use stereotypes to determine whether certain positions would be, in their opinion, suitable for a person with a disability. As a result of this stereotyping, many employers conclude that there is a lack of 'fit' between the abilities of a person with a disability and the essential job requirements of the position. This in turn leads to incorrect views that their workplaces and positions are not suitable for people with disabilities, based on biases and discriminatory assumptions (Wordsworth, 2004; Barnes, 2003). In addition, many employers focus on the processes, methods or means of how the job is traditionally undertaken rather than the end results or outcomes. Many people with disabilities are able to achieve the same results but may find new, innovative and untraditional ways of getting there (Wordsworth, 2004; Klimoski and Donahue, 1997).

To conclude, research has been conducted that examines how people with disabilities are perceived by employers, and also investigates whether they are treated equally (National Council on Disability, 2007; Bell and Klein 2001; Ravaud, Madiot, and Ville, 1992; Gouvier, Steiner, Jackson, Schlater, and Rain, 1991). Research has shown that, in general, people with

disabilities are less likely to be selected to attend interviews, receive less favourable hiring and salary recommendations and obtain lower interview ratings and salary than applicants without disabilities (Bell and Klein 2001; Ravaud et al., 1992; Gouvier et al., 1991).

3.3.1.7 Medical and psychometric testing

Tests must be relevant and appropriate to the kind of work and the necessary fitness criteria for the job, the workplace and its hazards, and necessary to the employer's business (DOL, 1998:6).

According to *The Code* and *TAG*, in certain companies, medical and psychometric testing may be required for all employees (DOL, 2003; DOL, 2002). It is essential that these tests be relevant and appropriate to the type of work skills needed to perform the essential job requirements. Employers need to ensure that medical and psychometric testing and other similar assessments are free of bias and should not discriminate against prospective and current employees (DOL, 2003). If the assessment of certain skills is imperative, accommodation must be made for applicants with disabilities. Employers should ensure that these tests do not unfairly exclude and are not biased in how or when they are applied, assessed or interpreted. Medical and psychometrical testing and assessments should be used with care because historically, these types of assessments have been used to rationalise discrimination of people with disabilities. The full cost of any medical, health screening or safety test must be paid by the employer and not the employee. An employee with a disability may refuse to be tested if the test is exclusively for them, “unless it is for the purpose as outlined in 7.4.3 of the Code; and if so establish the different purposes of tests and request the necessary accommodation to enable them to participate in the testing process, if they are obligated to undergo the particular test” (DOL, 2003:34-35).

The Code states that if an employee is no longer able to perform their work due to illness or injury, an employee may request testing to assess their ability to safely conduct their job or to identify the reasonable accommodation needs if required (DOL, 2003). When it comes to psychological testing and other similar assessment, Section 8 of *The EEA* states that these are prohibited unless the test or assessment:

- Has been scientifically shown to be valid and reliable,
- Can be applied fairly to all employees,
- Is not biased against any employee or group.

The Code states that many employers make use of psychometric or personality testing to gauge important competencies for the position during the interview phase of employment (DOL, 2002). It further highlights that careful consideration needs to take place before these tests are used, as often they are relied on too heavily, and are seen as being biased and exclusionary. If an employer requires the use of a psychometric test, then they need to examine whether the instrument attends to the assessment's appropriateness for use with people with disabilities, and whether the materials and questions are provided in an accessible format (DOL, 2003). During the conduct of these tests, employers need to ensure that the responses of people with disabilities are recorded in an appropriate and accessible manner, such as using Braille, allowing for additional time, and making use of Sign Language interpretation if requested (DOL, 2003).

Barnes (2003) states that medical screening tests are not justified for the reason that they allow employers to discriminate and select prospective employees for a particular position, which has significant implications for people with disabilities. As discussed in Chapter 2 of this study, there has been a long history of discourse between medical professionals and people with disabilities. This has assisted in perpetuating "the widespread belief that impairment is the same as illness. Employers generally associate ill health with poor performance and excessive absenteeism" (Barnes, 2003:15). This results in employers being wary of employing people with disabilities. Research documenting the work experiences of people with disabilities shows that medically-based assumptions are used as a basis for discrimination, both to deny workers with disabilities access to jobs and as a reason for dismissal (Barnes, 2003:15).

3.3.1.8 Reasonable accommodation

The treatment of disabled professionals is therefore paradoxical: on the one hand, they are defined in terms of their disability and treated paternalistically while, on the other hand, the support and resources they need in terms of continuing professional development and career advancement is ignored (Wilson-Kovacs et al., 2008:713).

Reasonable accommodation for people with disabilities is defined in *The EEA* as "any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have reasonable access to, or participate, or advance in employment" (Republic of South Africa, 1998:9). When it comes to global policies and

documents relating to reasonable accommodation, Article Two of UN's *Convention on the Rights of People with Disabilities* (CRPD) provides the following definition,

Reasonable accommodation means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms (UN, 2006:4).

Article 27(i) further encourages State Parties to ensure that reasonable accommodation is provided to people with disabilities in employment (UN, 2006). Reasonable accommodation is understood to mean any change in the work environment, or in the way a job is performed, that enables a person with a disability to enjoy equal employment opportunities. *The CRPD*, which South Africa signed and ratified, explicitly requires signatory parties to ensure that people with disabilities are provided with reasonable accommodation in employment (Article 27.1(i) (UN, 2008). The ILO (2004) has identified three categories of reasonable accommodation within the employment phases. These include: modifications to the job application process; alterations to the work environment or the manner in which a job is regularly completed; changes that allow an employee with a disability to partake in equal benefits and privileges of employment, including access to training (ILO, 2004). *The Code* and *TAG* highlight a few reasonable accommodation measures that can be provided either on a temporary or permanent basis, depending on the need of the individual requesting them within employment. These include:

- Adapting existing facilities to make them accessible by removing barriers and providing access to information technology;
- Adapting existing, or acquiring new, equipment;
- Providing assistive devices and personal assistants;
- Modifying or re-organising workstations to ensure that people with disabilities can work effectively and efficiently;
- Changing training and assessment materials, processes and systems;
- Restructuring jobs so that non-essential functions are re-assigned;
- Adjusting work schedules, working time, leave, nature and duration of duties;
- Modifying training and assessment materials and systems;
- Restructuring and relocating non-essential job functions ;
- Modifying the manner in which the work is regularly completed or has previously been completed, evaluated, and rewarded;

- Providing specialised supervision, training and support in the workplace (Butterfield and Ramseau, 2004; DOL, 2003; DOL, 2002; ILO, 2002; Mueller, 1998; Arthur and Zarb, 1995; McCray, 1992).

In order for people with disabilities who are suitably qualified to enter into employment, perform the essential functions of the job and remain in employment, it is vital that reasonable accommodation be provided as an essential job requirement (DBSA, 2005; Butterfield and Ramseau, 2004; DOL, 2003; DOL, 2002). In South Africa this is because reasonable accommodation is both a non-discrimination and affirmative action requirement (DOL, 2003; DOL, 2002). Studies have shown that provision of the necessary reasonable accommodation and an accessible workplace by employers, facilitates long term employment for people with disabilities (Butterfield and Ramseau, 2004; Saeki, Takemura, Matsushima, Chisaka, and Hachisuka, 2004; Shaw, Robertson, Pransky and McLellan, 2003). Many people assume that making the necessary reasonable accommodation changes will involve great expense but this is not always the case (Bruyère, Erickson, and VanLooy, 2004). A large proportion of accommodation is either free or quite inexpensive (Wilton 2006). The few studies that exist on accommodation expenses suggest that direct costs are low and benefits are substantial (Schartz, Hendricks and Blanck, 2006). Differing accommodation, which is dependent on the needs of the individual, require differing costs. When factoring into consideration the costs of providing accommodation, it is important that employers include indirect accommodation costs. These include the cost of product training and payment of human resources, such as readers or carer-assistants.

Reasonable accommodation requirements should be accessible to both applicants as well as existing employees with disabilities, as this process begins before a person with a disability applies for a position and carries right through the employment processes. *The Code* states that reasonable accommodation may take place during job profiling; the job advertisements and applications; the interview process; assessment or skills testing; placement and workplace diversity; training and career advancement; retention; health and safety; working environment and performance management; rewarding of performance (DOL, 2003).

According to *The TAG*, the criteria for reasonable accommodation include three interrelated factors (DOL, 2003). Firstly, the accommodation must remove the barriers to performing the

job for a person who is otherwise qualified. The employer must enable an employee to play a full part in the workplace in order to achieve their full potential. Secondly, it must allow the person with a disability to enjoy equal access to the benefits and opportunities of employment. The employer must take all reasonable steps to ensure that the working environment does not prevent people with disabilities from accessing or retaining positions for which they are suitably qualified. Thirdly, employers should adopt the most cost-effective means consistent with the above two criteria (DOL, 2003). If the person with a disability is not able to perform the essential job functions with reasonable accommodation, “the employer need not employ the person. The employer need not create a new job for the person with the disability, nor should the employer reallocate essential functions to another employee” (DOL, 2003:15). However, if the applicant or employee with a disability can perform the essential functions of the job, with or without reasonable accommodation, the employer may be required to restructure a job by reallocating non-essential or marginal job functions.

If an employee voluntarily discloses their disability, an employer should, where possible, provide reasonable accommodation to enable them to perform the essential job requirements of the position. The essential job functions are the basis upon which the qualifications and competencies of employees are evaluated to examine whether reasonable accommodation options exist. An essential job function is a set of tasks that are made up of the most important activities of a job, and does not refer to job skills, individual job tasks, or job descriptions. Furthermore, once a conditional job offer has been made to the applicant, the employer then can discuss “how his/her disability substantially limits the performance of the essential functions of the job and what reasonable accommodation is necessary” (DOL, 2003:12).

On the other hand, an employee with a disability that is not visible may be requested to provide information to confirm their disability, or their accommodation needs, if reasonable accommodation is requested. As the information about their disability may be technical, employers should ensure that a person who is competent in the field interprets such information. If by providing reasonable accommodation the employee requires the co-operation of other employees, it may be necessary to reveal the fact of a person’s disability to

some of the employee's colleagues, particularly a supervisor or manager. This may only be done with consent from the employee with a disability (DOL, 2002).

An employer may refuse to provide reasonable accommodation for a qualified applicant or existing employee with a disability through 'unjustifiable hardship'. This is where the provision of accommodation would result in significant or considerable difficulty or expense that "would impose an unjustifiable hardship on the business of the employer." (DOL, 2002:10). An employer may reject the request for accommodation provision if it would significantly negatively disrupt the operation and running of the company (DOL, 2002). Reasonable accommodation decisions need to be made on an individual basis, as an accommodation that entails unjustifiable hardship for one person may not be the case for the employer at a differing time (DOL, 2002). *The Code* does however acknowledge that historically, people with disabilities have been discriminated against in employment, but it encourages employers to provide reasonable accommodation and "to make more effort to reduce and eliminate discrimination and/or promote affirmative action" (DOL, 2003:21). An employer stating unjustifiable hardship as a cause for non-provision is required to objectively assess the request for accommodation. They are required to identify and resolve the effectiveness of the accommodation, compare it to whether this request will result in difficulty or high costs that would hamper or will gravely disrupt operations. Thereafter, the employer must then examine the impact of non-provision on the individual (DOL, 2003). *The Code* further states that unjustifiable hardship cannot be used as a tool to reject other employers' requests and that "an accommodation that imposes an unjustifiable hardship for one employer at a specific time may not be so for another or for the same employer at a different time" (DOL, 2002: 10).

Differing types of accommodation

There are many differing types of accommodation that are available to people with disabilities to foster inclusion and retention in employment. These include modifications to the built environment, assistive devices, workplace adaptations, and indirect accommodation and personal assistants. Each of these is now discussed with reference to employment of people with disabilities.

Modifications to the built environment require accommodation that relates to the physical structure and include workplace layout. They include areas such as the entrance and surrounding buildings, workspaces and rooms, movement between spaces, training and meeting venues, and bathrooms. Some accommodation does not require structural modifications and could include rearrangement or removal of fixed objects such as desks, modified lighting and displayed signage. Others require structural modifications such as altering bathrooms and installing wheelchair ramps (Butterfield and Ramseau, 2004; ILO, 2002; Mueller, 1998; Arthur and Zarb, 1995; McCray, 1992). Although creating an accessible workplace can be achieved with minimum effort, many workplaces remain inaccessible. According to Metts (2000) inaccessible built environments are one of the most significant obstacles relating to the social and economic progress of people with disabilities (ILO, 2002).

Assistive devices

Assistive devices include a broad range of devices and provisions that work as an interface between individuals and their environment. These can either be 'low tech' or 'high tech' in nature, and may assist in promoting access for people with disabilities in employment (Butterfield and Ramseau, 2004). Assistive devices may represent a crucial factor as to whether an employee with a disability is able to do their work or not (Wilton, 2006; Scheid, 2005; Butterfield and Ramseau, 2004; ILO, 2002). While the provision of assistive devices is crucial in the integration and retention of people with disabilities in employment, there is often confusion over the ownership of equipment. While universal design modifications to the workplace often result in use and benefit for all employees, many assistive devices are used for a specific purpose by an individual user. An example of this would be hearing aids, which cannot be shared. In situations where devices belong to an employer, the possibility of an employee with a disability moving to another job becomes difficult as without these devices they cannot complete their jobs (Cabinet Office, 2005).

Workplace adaptations

Some people with disabilities do not require assistive devices but rather require adaptations to their workplaces or work. These adaptations enable the employee with a disability to perform their job effectively (ILO, 2002). They may be tools, equipment or modifications to facilitate optimal job performance. Adaptations include modifying hours or schedules, modifying job tasks, work rules and procedures, breaking existing jobs into simpler components, providing

written instructions so as to minimise misunderstandings, daily planning sessions, creating flexible leave policies, changing job performance expectations, updating policies, part-time or flexible work schedules; provision of unpaid leave-days for illnesses or difficult times, or appointments with service providers; re-delegation of work assignments, the use of a job coach or shared jobs, restructuring work by replacing those that are unachievable with those that are achievable, rearranging seating arrangements and office layout(Wilton 2006; Scheid, 2005; Butterfield and Ramseau, 2004; ILO, 2002; Yasuda, Wehman, Targett, Cifu, and West, 2001; McNeal, Somerville, and Wilson, 1999; Arthur and Zarb, 1995; Reed, 1992; Rybski, 1992).

Indirect accommodation and personal assistance services

It is important to note that not all people with disabilities require direct accommodation such as modified computers or ramps. Personal assistance services can be either people or devices. They assist a person with a disability with tasks that they would be able to execute themselves if they did not have a disability (Turner, Revell, Barcus, and Targett, 2003). Some people with disabilities require indirect accommodation that includes human assistance such as Sign Language interpreters, readers, note-takers and care-assistants; these are integral to their integration and retention in employment (Schartz et al., 2006; MacDonald-Wilson, Rogers, Ellison and Lyass, 2003). In addition, many people with disabilities require specialised training on how to use the assistive devices they require. Other people with disabilities could require the services of a job coach, extra supervision and job training, flexible work scheduling of hours and leave, and modification of employment duties (ILO, 2002; MacDonald-Wilson, Rogers, Massaro, Lyass and Crean, 2002). Clear plans regarding who is responsible for making decisions regarding accommodation, where to obtain further information, and clarification relating to existing and future resource provisioning and processes are required (Bruyère et al., 2004). Arthur and Zarb (1995) state that there is evidence that many employers are unwilling to make adaptations and provide the necessary accommodation. Accordingly, the extent to which employers embrace reasonable accommodation will have a dramatic impact on how effective the employee with a disability can fulfill their work requirements. For this reason, training is essential.

It is important that employers consult with the employee with a disability and other specialists in the field when planning the adaptation to ensure that the modifications are

suitable and safe (DOL, 2003; ILO, 2002). People with disabilities should be fully involved in the process, from accommodation selection to training, and act as self-advocates with regard to the reasonable accommodation that they require (Bricout and Bentley, 2000). In order to accommodate the individual needs of the user and facilitate participation in employment, reasonable accommodation provision needs to be conducted on a case-by-case basis (Butterfield and Ramseau, 2004).

Transport

For many people with disabilities, especially those with physical disabilities, transport remains a significant obstacle, not just in South Africa, but around the globe (Hernandez et al., 2007; Kitchin, 2007; Barnes and Mercer, 2005; Kitchin et al., 1998). A lack of accessible and affordable transportation, together with poor or inaccessible transport facilities, result in difficulties for people with disabilities finding and securing employment (Shier et al., 2009; National Council on Disability, 2007; Barnes and Mercer, 2005; ILO, 2004; Barnes, 2003; Finklestein, 1993). In South Africa and many other developing countries, public transportation via railway, bus and taxi is inaccessible to many people with disabilities, especially those with mobility disabilities that result in difficulties getting to and from work. Many people with disabilities are unable to use trains due to inaccessible platforms and stations, while the majority of mini-bus taxis do not stop for wheelchair users or charge them higher fares. According to Roberts and Babinard (2008:2), inclusive transport systems are “all the more critical in reducing isolation, vulnerability and dependency of people with disability – thereby helping improve the lives of many of the world’s poorest.” Barnes (2002) states that transport systems are not constructed to accommodate the vast majority of people with disabilities, due to their inaccessibility. Where people make use of them, many find public transport systems both unnecessarily physically and mentally exhausting (Barnes, 2003). Due to a lack of accessible public transport systems, many people with disabilities are forced to make alternative transportation arrangements, which are costly and have a direct impact on integration into employment (Shier et al., 2009; Barnes, 2003).

The National Council on Disability (2007) states that finding employment, remaining in employment, as well as advancement in employment are dependent on getting to work or an employment interview on time. This they say is directly linked to being able to access transportation. Some people with disabilities are unable to drive independently, therefore

have to rely on friends, family or public transportation. For those who have the ability to drive, many do not have the finances available to purchase a vehicle, maintain it, or make modifications to it if required (Shier et al., 2009; National Council on Disability, 2007).

Benefits of providing accommodation

Research has shown that the provision by employers of reasonable accommodation for their employees allows them to retain, hire and promote qualified people with disabilities (Schartz et al., 2006; Allaire et al., 2003). In their 2006 study examining the benefits of accommodation provision, Schartz et al., (2006) found that more than half of the employers interviewed noted that the accommodation provision eliminated the cost of training a new employee. Other direct benefits included a marked increase in employee attendance, savings on workers' compensation and other insurances, and increased diversity of the company. Indirect benefits of providing accommodation included improved interactions with co-workers, increased overall company morale, increased overall company productivity, improved interactions with customers, increased workplace safety, and increased overall company attendance (Thomas, 2005). In addition, increased profitability was reported by more than a quarter of the participants, as well as an increase in customer base. Fabian, Waterworth, and Ripke (1993) examined the relationship between provision of accommodation and retention of employees. They discovered that employees who were provided with the accommodation they required remained in employment twice as long as those who were not. To conclude, when it comes to providing accommodation in employment, the main motivating factor for employers is the economic benefit of retaining employees and avoiding the expense of job searches, interviewing, hiring and training (Schartz et al., 2006).

Although research has shown that reasonable accommodation provision is inexpensive and effective, many qualified people with disabilities remain unemployed, even though they would be able to work if the appropriate accommodation was provided. Therefore, a rift remains between the benefits and successes of reasonable accommodation and the employment rates of people with disabilities. Many people with disabilities who are actively seeking employment find it extremely difficult to enter into the workplace and be accommodated. Research has shown that employees who become disabled while in employment are more likely to receive the accommodation they require than applicants with

disabilities (Schartz et al., 2006). Schartz et al. (2006) state that people with disabilities are more likely to be hired if they have a clear understanding of the reasonable accommodation they require and the value they can add to the workplace. MacDonald-Wilson et al. (2002) state that the more positive, open and determined a person with a disability is about their accommodation requirements, the more likely they are of being provided with them.

As discussed earlier, in order to access reasonable accommodation an employee must disclose their disability. Some research has shown that employees who disclosed to employers described as being open and tolerant, were seen to be 'better off' than those who did not disclose, as they were more likely to access accommodation (Scheid, 2005; Hall, 1997; Stone and Colella, 1996). In addition, those employees in higher-skilled positions tend to receive higher-priced accommodation, while those with lower skills are more likely to receive procedural accommodation. Literature has shown that while there has been progress in the provision of assistive devices for people with physical disabilities, many people with psychiatric disability still experience barriers (MacDonald-Wilson et al., 2002).

As discussed earlier in this chapter, South Africa's *EEA* states that employers are not required to provide reasonable accommodation if doing so would cause undue financial hardship (DOL, 2003; DOL, 2002). This undue hardship clause is also applicable to disability employment legislation in countries such as the United States and the United Kingdom. Russell (2002) states that all too often this clause results in employers' right to wealth being weighted more favourably than the right of a person with a disability's right to reasonable accommodation; and hence, to employment. She further states that despite disability employment legislation, employers are still concerned about the associated costs of employing people with disabilities through the provision of reasonable accommodation.

In spite of research showing that the majority of accommodation is low-cost, along with the many benefits of providing accommodation, employers continue to have unsubstantiated concerns regarding types and costs of providing workplace accommodation (Schartz et al., 2006; Turner et al., 2003). While legislation relating to reasonable accommodation in South Africa is clearly set out, literature suggests that among the difficulties experienced by employees with disabilities, the problem often lies with employers not providing the required accommodation (DBSA, 2005; DOL, 2003). In order for people with disabilities to enter into

and remain meaningfully employed, a number of interrelated factors must be addressed. One of the most important is the provision of reasonable accommodation that are effective and inexpensive (Schartz et al., 2006). According to Butterfield and Ramseau (2004), further research is required in the area of the equipment, devices and other assistive technologies in sustaining employment for people with disabilities. They state that research is needed to better understand the impact of employment accommodation on participation of people with disabilities. They share that examination beyond what employers and fellow employees perceive is required, and a closer look at the specific facilitators and barriers located in employment is needed. Investigation into individual reasonable accommodation requests, combined with development of themes and trends, is thought to provide employers with data on employees with disabilities needs. Once these needs have been identified, challenges to employment placement, along with the enablers that lead to positive employment outcomes for people with disabilities, can be identified and prioritised. This would allow for future workplace accommodation best practices to be established (Butterfield and Ramseau, 2004).

The following section of this chapter examines the placement of people with disabilities into employment after the application, interview and selection processes have been followed.

3.3.2 Retention in employment

This section, *Employment of People with Disability*, begins by examining legislation and documents relating to disability and employment, both internationally and in South Africa. It provides differing definitions of employment and people with disabilities in employment, and how these are influenced by society and subsequent employers' paradigms about disability. An examination of global and South African statistics on the number of people with disabilities and possible reasons for the inadequacies is provided. To conclude, the headings for the remainder of the literature review have been loosely based on *The EEA*, and its supporting documents, namely, *The Code* (DOL, 2002) and *The TAG* (DOL, 2003)'s integration and retention phases of employment.

3.3 Employment of people with disabilities
3.3.2 Employment retention
Placement
Training and education
Awareness and career advancement
Employment equity planning
Health and safety
Retention
Employee benefits
Workers compensation
Mentoring and support
Termination
Attitudes towards disability

3.3.2.1 Placement

According to *The Code* and *TAG*, placement is the process through which a person with a disability is appointed to a position within an organisation (DOL, 2003; DOL, 2002). It involves orientation and initial training. New employees with disabilities need to be treated equally, subject to reasonable accommodation, to employees who do not have disabilities. Just as with all employees, employers should plan the assignment of duties, job classification, compensation, training (ensuring accessibility and provision of reasonable accommodation), terms and conditions of employment, as well as training and career advancement. They should ensure that people with disabilities are assigned to tasks under favourable conditions and that remuneration is on par with those without disabilities. Employers should not limit, separate, or classify a person with a disability in any manner that would have a negative impact on their workplace opportunities or career advancement. In addition, employers and placement officials, including human resource personnel, should encourage diversity and provide individualised and supportive workplace environments (DOL, 2003; DOL, 2002; Akabas, 1994).

3.3.2.2 Training, education and awareness, and career advancement

Employers may in part have their negative assumptions fulfilled if disabled people have been unable to obtain relevant qualifications and skills through training and previous work experience (Arthur and Zarb, 1995:8).

Vilaet al., (2007) state that training for people with disabilities is necessary for successful integration into employment. *The Code* and *TAG* highlight two separate areas of training, both of which influence career advancement and retention in employment (DOL, 2003; DOL, 2002). The first is initial training in the form of induction training. This takes place after the integration phase of employment and assists with integration into employment. The second form of training is that which provide employees with skills to develop and progress within employment, which in turn, relates positively to retention.

The TAG states that after any new employee is placed in employment, it is essential that the company provides comprehensive orientation and induction training that includes disability sensitisation training (DOL, 2003). This is especially important for people without disabilities, as most have never had the opportunity to work with people with disabilities previously and may have prejudices and stereotypes towards disability. The disability sensitisation training should increase awareness relating to disability, provide employees with tools and skills required to overcome attitudinal and communication barriers, as well as provide a space to address and alter stereotypes and prejudices (DOL, 2003). The Development Bank of Southern Africa (DBSA) states that disability sensitisation has the potential for success and strongly recommends that within South Africa a “disability and awareness campaign through national coordinating bodies such as the Chamber of Commerce, various SETA’s and employer bodies should be launched” (DBSA, 2005:17). In order to create awareness of disability and provide an insight into the experiences of people with disabilities, *The TAG* provides a number of practical activities for employers to assimilate into their programmes. One such example aims to provide employees with an understanding of the difficulties that an employee with a hearing disability may experience. The ‘solution’ provided encourages management to arrange for all employees to put synthetic wax into both of their ears for an entire day. *The TAG* stated that after conducting this exercise, “employees, although able to note and appreciate that they were able to remove the wax at the end of the day, were now able to have some empathy with their colleague who is deaf” (DOL, 2003:17). The disability sector generally frowns on such simulation activities as it can be perceived to minimise the experiences of people and their disabilities (Crow, 1996). Each individual with a hearing loss experiences life in a different manner and to generalise that in order for persons not so affected to gain an understanding of the difficulties that persons with hearing loss experience in daily life may be achieved by placing substances into

their ears, is in the author's view, inappropriate and derogatory (Barnes, 2003). This example does not attempt to address the bigger attitudinal obstacles that people with disabilities experience in employment. Instead, disability sensitisation programmes should focus on educating employees in terms of "the aspirations, capabilities and productiveness of disabled people, to see beyond the disability and see the person and their abilities" (Kitchin, et al., 2007:800). Participants in the research of Shier et al., (2009) revealed that disability sensitisation and education of employees and employers provided a solution to the discrimination that persons' with disabilities face in the workplace. They further stated that education relating to issues surrounding disability was discovered to be "a primary method to promote equity and dignity for disabled people in the present labour market" (Shier et al., 2009:72).

The language used when referring to people with disabilities may have a negative or positive impact on how an employer integrates and retains people with disabilities in employment. If negative or derogatory terms are used when referring to disability or people with disabilities, this will have a negative impact on integration and retention in the workplace of a person with a disability. There are many words and phrases that should be avoided and these include:

- 'Suffers from', 'afflicted with', 'stricken with', 'victim of', 'invalid', or 'deformed' – it is preferable to use 'a person with a disability.'
- 'Wheelchair-bound' or 'confined to a wheelchair' – it is preferable to say 'uses a wheelchair' or 'is a wheelchair user.'
- 'Physically challenged', 'crippled', 'cripple', 'spastic' – it is preferable to use 'a person with a physical disability.'
- 'Handicapped' (derived from the phrase 'cap in hand' referring to a beggar) – it is preferable to use 'disability.'
- 'Normal' and 'whole,' which are inappropriate and inaccurate – it is preferable to say 'able-bodied' or 'people without disabilities.'
- 'Deaf-mute' or 'Deaf and dumb' – people who choose to belong to the Deaf community and use Sign Language to communicate refer to themselves as 'Deaf' with a capital 'D' and identity themselves as a linguistic minority group as their culture derives from their language.
- 'The blind' or 'the visually impaired' – it is preferable to say 'a person who is blind or visually impaired.'

- ‘Dwarf’ or ‘midget’ – it is preferable to say ‘a person of short stature.’
- ‘Mongol’ or ‘mongoloid’ – it is preferable to say ‘a person with Down syndrome.’
- ‘Mentally retarded’ or ‘brain damaged’ – it is preferable to say ‘a person with an intellectual disability’ (ILO, 2010; Workway, 2004; DPSA, 2001).

It is vital that training relating to the correct terminology used when communicating with a person with a disability, or when conversing about disability, is included in training programs. This is because labels and incorrect terminology “cause us to perpetuate negative images about people or groups of people. Labels like ‘disability’ or ‘mental’ have negative stereotypes associated with them. Beware of labels and the information they carry” (ILO, 2010:27). In addition, in order to overcome negative attitudes towards disability and people with disabilities, Potts (2005) states that educational programs to overcome negative employer or co-worker stereotypes should be provided.

While providing disability sensitisation training is important, in reality, many employers do not offer such training programmes. Kitchin et al., (2007) put forward that a lack of appropriate training interventions typically results in negative attitudes and discrimination by employers and employees without disabilities. They further state that negative attitudes among employers range from discrimination, to ignorance, to fear, and that these are further supported by the inaccurate belief of people with disabilities being “under-producers” (Kitchin et al., 2007:795). Furthermore, there is the perception among some employees that people with disabilities attain high-level positions as a result of diversity quotas, rather than an acknowledgement of their true abilities (Wilson-Kovacs et al., 2008). These statements address the pressing need for disability sensitisation programmes to address these unfounded assumptions relating to people with disabilities.

Conversely, induction training for people with disabilities will provide them with valuable information relating to the workplace environment, specifically on providing them with clear expectations on task performance that will reduce staff turnover, as well as assist in creating a positive attitude towards employment (DOL, 2003).

In order to progress in employment, it is essential that people with disabilities obtain equal access to appropriate occupational training and development throughout their working lives.

Training should be available to all employees at every level and should include people with disabilities. The ILO (2002) states that people with disabilities in employment should be provided with equal opportunities to gain both the necessary skills and experience in order to progress and advance in employment. This is crucial for a person with a disability as it enables them to gain skills as well as “to move with changes and developments in the company” (Workways, 2004: 55). *The TAG* states that training policies should support the aims and objectives of the company and cater for the needs of all employees, including employees with disabilities (DOL, 2003). When it comes to training, it is essential that programmes, including materials and facilities, be accessible to people with disabilities and that the necessary reasonable accommodation be provided (DOL, 2003). This is because many of the difficulties that people with disabilities experience in training and skills development are often as a result of a lack of reasonable accommodation, including no Sign Language interpreters, inaccessible training manuals, materials and training programmes, and inaccessible training venues and facilities (ILO, 2002). The ILO (2002) states that employees with disabilities should be encouraged to apply for career advancement opportunities. When it comes to systems and practices to evaluate work performance, these should clearly identify, and fairly measure and reward, performance relating to the inherent requirements or essential functions of the position. Work that “falls outside the inherent requirements or essential functions of the job should not be evaluated” (DOL, 2002:8).

According to the National Council on Disability (2007), people with disabilities face challenges both during the integration phase as well as career advancement once in employment. Currently there is very limited information available relating to training of people with disabilities in employment. For many people with disabilities, a lack of access within training places them at a distinct disadvantage. Arthur and Zarb (1995) state that challenges relating to training can be seen in inaccessible training venues, materials, and inflexibility relating to hours and the needs of people with disabilities. Training is also imperative for people who acquire disabilities during employment, as they may require training for new skills, working methods, or for some, new occupations. As discussed previously in this chapter, people with disabilities entering into the labour market may have already experienced barriers in education, poor career advice, lack of qualifications and work experience. It is recognised that all of these factors impact on, and influence, the expectations and confidence levels of people with disabilities (Arthur and Zarb, 1995). They further state

that any poor treatment within the workplace or a lack of opportunities is seen to represent considerable challenges to continued and integrative employment for people with disabilities. This includes “exclusion from training or other opportunities for career development, or harassment at work from colleagues or managers” (Arthur and Zarb, 1995:10). The National Council on Disability (2007) states that, in general, people with disabilities receive less formal training than people without disabilities. In addition, those that do receive training receive fewer hours and are less likely to be given informal training by fellow employees. This alone results in a concern as, in addition to acquiring new skills, informal training by fellow employees assists in building relationships and networks that is conducive to full integration.

When it comes to training and career advancement, it is important that employees with disabilities are consulted and actively engaged in planning their own career to ensure input specific to their career advancement. It should be determined where the person with a disability is currently; where they would like to be; and the career path to be followed to get there. Based on these goals, appropriate interventions and training should be identified and a plan of action may be developed and implemented (DOL, 2003). Furthermore, employment must be socially and financially rewarding to encourage people with disabilities to apply for work. Employee development is important for people with disabilities in terms of skills development and income. Career advancement can occur via a range of activities including training, mentoring, networking, career planning, performance appraisals, and participation in teams and decision making (National Council on Disability, 2007). The National Council on Disability (2007) states that employee development is an important aspect of career advancement and promotion. Employee development relates to the process where employees gain knowledge and skills that enable them to achieve salary increases, employment promotions and new jobs, which result in increased income, performance, and stimulating work and careers.

Conventionally, the majority of research conducted on career advancement discrimination has centred on gender, specifically on the obstacles that females experience to advancing in employment. Little focus has been placed on the career advancement of people with disabilities (Wilson-Kovacs et al., 2008). Arthur and Zarb (1995:8) state that any lack of development will perpetuate “the pattern of low skilled, low paid jobs, unemployment or

withdrawal from the labour market altogether.” This is of particular importance for young people with disabilities who need to develop initial work skills through education and training. Despite employment equity legislation and policies, research shows that in employment, people with disabilities fall far behind in terms of career advancement compared to employees without disabilities (National Council on Disability, 2007). Wilson-Kovacs et al., (2008) state that, in addition, people with disabilities are likely to experience many difficult challenges in preserving their positions in employment. Their research has shown that while employment equity policies may result in assisting some people with disabilities to break through ‘the glass ceiling effect’, these policies frequently omit to support career advancement in the longer term. Additional challenges cited by Wilson-Kovacs et al., (2008) relating to the lack of career advancement opportunities include unwillingness of human resources departments, together with a lack of understanding about their accommodation needs, resources, and support by managers and other employees.

Many employers are hesitant to employ people with disabilities in positions where they are visible to customers or in critical positions, as they regard them as being less able to perform these jobs optimally (Hyde, 2000). Exclusion from these challenging roles results in a lack of opportunity to prove their capabilities, which is an obstacle to career advancement as these roles are precursors to career development (Wilson-Kovacs et al., 2008; Jones, 2006; Stone and Colella, 1996). When people with disabilities are excluded from career advancement opportunities, French (2004) puts forward that employers may devalue their employment worth and choose not to pursue them. Some people with disabilities choose not to apply for advancement opportunities as a way to remain in positions where they are able to succeed, maintain and keep work at a manageable intensity, or to remain in control (Shah, 2005).

Numerous employers perceive employing people with disabilities as costly and these assumptions lead them to believe that there is a greater risk in hiring and promoting people with disabilities compared to those without (Gartrell, 2010; Wilson-Kovacs et al., 2008; Stone and Colella, 1996). In addition, there is the belief that people with disabilities are less likely to execute tasks suitably even though these are a precursor to career advancement, than employees without disabilities (Wilson-Kovacs et al., 2008). Subsequently, not having opportunities to perform challenging tasks result in people with disabilities having limited opportunities to prove their capabilities (Wilson-Kovacs et al., 2008). This leads to people

with disabilities being overlooked and excluded from promotion and career advancement opportunities. Literature reveals that all too often “the type of jobs offered to disabled people are low status, low waged occupations with poor working conditions and few opportunities for advancement” (Barnes, 2003:16). In general people with disabilities are less likely to occupy managerial or supervisory positions, and receive one or more promotions (National Council on Disability, 2007).

3.3.2.4 Employment equity planning

The Code provides guidelines relating to employment equity planning (DOL, 2002) for both employers as well as those employees with disabilities. Designated employers are encouraged in terms of Section 16 of *The EEA* to create awareness and value the importance of employing and retaining people with disabilities. Section 19 of *The EEA* states that such employers are required to complete a workplace profile relating to members of designated groups, in this instance to provide the numbers of employees with disabilities. This total should include employees who are not in active employment, including those who receive total or partial income replacement benefits while recuperating from illness or disability (DOL, 2003). Employers need to recruit and promote people with disabilities by setting achievable equity targets across all occupational levels. This, *The Code* states, is due to most people with disabilities being employed in low status positions and being overlooked for promotion, as compared to employees without disabilities (DOL, 2002).

The TAG provides a step-by-step plan to assist employers prepare and implement their *Employment Equity Plans* (EEP). The 11 steps are spread across three sequential phases, namely preparation, implementation and monitoring (DOL, 2003). This plan ensures that people with disabilities are equitably represented throughout the workforce and their statistics accurately entered in the *Employment Equity Reports* that are submitted to the Commission for Employment Equity (CEE) (see earlier in this chapter for more information pertaining to the CEE). The first step of the *EEP* is preparation, where responsibility is assigned to a person who will complete this documentation. It is important that the person responsible for this process has knowledge relating to disability management in order to effectively fulfil this role as outlined in *The Integrated National Disability Strategy* (INDS). The second step is communication, awareness and training. Here all existing training schools must be evaluated to ensure that they are accessible to people with disabilities (DOL, 2003). The third step is

consultation relating to the monitoring of the *EEP* as well as creating awareness of the value of employing and retaining people with disabilities in employment (DOL, 2003). It includes an analysis where employers evaluate and review their recruitment policies and practices, and the way in which they perform their workforce profiles. This is to ensure that these are free from disability-explicit discrimination. In addition, employers should provide an environment where employees feel secure enough to disclose their disabilities. The fifth step relates to implementation where corrective measures and objectives are created to address any difficulties identified in step four. Step six relates to establishing time frames to ensure equitable representation of people with disabilities within all levels within employment. Step seven deals with the allocation of resources to provide reasonable accommodation, while the purpose of step eight is to ensure that the communication methods used to convey the content of the *EEP* are totally accessible to all employees with disabilities. Step nine relates to the integration of the *EEP* within all aspects of the organisation's plan. Step ten deals with monitoring, evaluating and reviewing, while the final step relates to the accessibility of the final *EEP* (DOL, 2003).

3.3.2.5 Health and safety

Employers are obliged to provide and maintain a working environment that is safe and without risk to the health of employees (DOL, 2002:7).

According to *The Occupational Health and Safety Act* (2003), employers are obligated to provide and maintain a working environment that is safe to all employees, including people with disabilities. It is important that the needs of employees with disabilities are included in all health and safety audits and plans, including evacuation and emergency procedures (DOL, 2003). The ILO (2002) states that emergency planning should make certain that people with disabilities are able to safely and efficiently evacuate the workplace to an alternative place of safety. These policies should be aimed at promoting safety and health and include risk analysis of any modifications or accommodation (Workways, 2004; ILO, 2002).

While research has shown that employers are often concerned with health and safety when employing people with disabilities, many people with disabilities still experience challenges in this regard (Shier et al., 2009; Morgan and Alexander 2005). Many employers do not have emergency procedures that accommodate the needs of people with disabilities. This accommodation includes: alternative evacuation assistance for people with mobility

disabilities if they are unable to make use of lifts or staircases; flashing lights to notify employees who have hearing disabilities of an emergency; a ‘buddy system’ where employees without disabilities partner and assist those employees with disabilities who require assistance; and instructions in accessible formats with clear signage provided (Workways, 2004; ILO, 2002). While having health and safety policies and procedures is important, more vital is the need for people with disabilities to have practical exposure via emergency drills that will assess the practicality of these measures and familiarise them with the procedures. In addition, all relevant procedures and plans should be shared with people with disabilities, ideally during induction training (Workways, 2004).

3.3.2.6 Retention in employment

With the skills shortage in South Africa, no employer can afford to lose even one valued employee due to health or disability being poorly managed (DOL, 2002:45).

This section examines the importance of retention of people with disabilities in employment. Globally, ‘work retention’ is defined as preventing employment loss, while ‘return to work’ is defined as the assistance in the reintroduction of a person to the workplace after they have acquired a disability while in employment (Backman, 2004; Krause, Frank, Dasinger, Sullivan, and Sinclair, 2001). In South Africa, *The EEA*’s supporting documents merge the two and define both the return to work of people with acquired disabilities, as well as keeping existing employees with disabilities, as ‘retention’ (DOL, 2003; DOL, 2002). Employee retention is vital, as when an employee leaves employment “knowledge and experience are lost, workplace efficiency decreases, customer relations suffer and productivity declines” (DOL, 2002:45). According to *The Code*, an employer should keep in contact with an employee with a newly acquired disability and where practicable, encourage them to return to work as early as possible (DOL, 2002). Arthur and Zarb (1995) state that when it comes to employees with newly acquired disabilities, or those with deteriorating disabilities, employers need to respond and accommodate their needs appropriately.

In order to be re-integrated back into employment, people with disabilities may be required to obtain vocational rehabilitation, transitional work programmes and temporary or permanent flexible working hours (ILO, 2003). An employer may consult an employee who is frequently absent from work due to illness or injury to assess the cause, and to determine

whether they require any reasonable accommodation. Where possible, “employers should offer alternative work, reduced work or flexible work placement, so that employees are not compelled or encouraged to apply for benefits if they could, with reasonable accommodation, continue in employment” (DOL, 2002:8).

Some employers adopt a disability management strategy as a ‘prevention and remediation strategy’ in the workplace that seeks to prevent disability from occurring. An integrated disability management strategy coordinates occupational and non-occupational disability benefits with a focus on early return to work. It is aimed at improving overall workforce health, easing the administrative burden and providing a set of benefits for employees with injuries and illnesses resulting in disability (DOL, 2003; DOL, 2002). Employers need to provide an employee with an acquired disability with a range of employment options and accommodation. Some employees are able to return to their existing positions with little or no need for accommodation. For others, minor modifications to the job type, the workstation or the workplace environment may be required. In other situations, a move to other areas within the workplace may be needed. Before any move or modification takes place, consultation with the employee is paramount for successful reintegration and retention in employment (ILO, 2002).

People with disabilities are often faced with discrimination and prejudice during employment and when being promoted. Bengisu and Balta (2011:35) state that this is not only unacceptable from “an ethical point of view, but it is also economically illogical, since potentially valuable human resources (HR) are wasted.” For many people with disabilities in employment, a lack of promotion results in a lack of retention. Wilson-Kovacs et al. (2008) put forward that in spite of global and local employment policies, few professionals with disabilities are in full-time employment and the number in leadership positions is even fewer. Despite many people with disabilities having obtained the same educational qualifications and the same number of years of employment experience as people without disabilities, the majority have fewer opportunities for upward progression in employment and most remain in semi-skilled and unskilled occupations (Wilson-Kovacs et al., 2008; Hyde, 2000).

According to Wilson-Kovacs et al. (2008), the majority of people with existing disabilities are unemployed but of those who manage to gain employment, “one in three are out of a job again by the following year, compared with one-fifth of non-disabled people” (Cabinet

Office, 2005:152). Despite many countries having policies and legislation relating to the integration and retention of people with disabilities, research has shown that one out of every six people who acquire a disability during employment lose their jobs within a year, while a third of people with disabilities become unemployed again within a year (Barnes and Mercer, 2005; Burchardt, 2000). Kaye (2001) examined people with psychiatric disabilities in the labour market. He discovered that large numbers of employees reported having been fired, laid off or told to resign, refused employment, refused a transfer, refused a promotion, or refused a training opportunity due to their mental disorder (Kaye, 2001). Even in developed countries like the United Kingdom, which has a very strong and monitored policy on employment of people with disabilities, job retention rates are low (Arthur and Zarb, 1995). Moreover, people with disabilities are more likely to experience job insecurity as well as repeated periods of unemployment due to discriminatory processes. Together, these factors have a negative impact on career development and employment retention opportunities for people with disabilities (Arthur and Zarb, 1995).

3.3.2.7 Employee benefits

According to Lustig, Strauser, and Donnell (2003), access to benefits, including medical aid, pension and leave, are significant factors to employee satisfaction for all employees, including people with disabilities.

The TAG states that people with disabilities should have access to employment benefits on a par with those without disabilities. Employers are required to ensure that their employment funds and benefit schemes do not directly or indirectly discriminate against people with disabilities when they apply for work or against those people in existing employment. Benefit schemes are not permitted to exclude or refuse membership to a person based on their disability status. Employers should ensure that these benefit schemes are accessible to people with disabilities (DOL, 2003). *The Code* further states that for employees who acquire disabilities while employed, benefit schemes should accommodate them by providing replacement benefits if they are unable to work for an extended period of time. In addition, benefit schemes are required to provide financial compensation for employees who acquired disabilities during employment if they are no longer able to work at the same levels as previously and who then receive lower levels of pay due to their disabilities (DOL, 2002).

Russell (2002) states that previously many employers hired people with disabilities so that they could benefit financially. This was through paying lower wages to them compared to those without disabilities and through receiving tax benefits and additional subsidies from the state. Many people with disabilities are not in full-time employment, thus being excluded from employee benefits (Barnes and Mercer, 2005; Burchardt, 2000; Kaye, 1998). A large number of people with disabilities seen as 'severe' are excluded from employment or often do not remain in employment, as they are regarded as being too costly and negatively impacting on the company profits (Russell, 2002). Kitchin et al. (1998) express the view that many people with disabilities in employment experience active discrimination in terms of their pay as well as promotion opportunities. Oliver (1991) discovered that people with disabilities worked for a quarter less than other employees without disabilities. Other studies have shown that people with disabilities earn significantly less than employees without disabilities undertaking the same work (Barnes and Mercer, 2005; Burchardt, 2000). In addition, research has shown that females with disabilities receive the lowest rate of pay, compared to males with disabilities and those without disabilities (Barnes and Mercer, 2005; O'Hara, 2004; Burchardt, 2000). This highlights once again how women with disabilities suffer 'double discrimination' because of their gender and disability.

Baldwin and Johnson (1994) found that approximately 40% of the difference in hourly rates for employees with disabilities was as a direct consequence of discrimination. Many people with disabilities were employed via informal arrangements resulting in no formalised contracts being drawn up, and thus they had no access to benefits (Murray, 1994). In addition, most people with disabilities are employed in low-paying, semi-skilled and unskilled jobs where they have little possibilities for promotion. Kitchin et al. (1998) put forward that very small numbers of people with disabilities occupy managerial positions within employment, with most being in low-paid and low-skilled manual work positions. As discussed earlier in this chapter, another key reason is the inferior education that people with disabilities, particularly those with congenital disabilities, receive in South Africa.

3.3.2.8 Workers' compensation

The TAG clearly states that if an employee acquires a disability while working, the provisions of *The EEA* in relation to reasonable accommodation may be required (DOL, 2003). In such instances the employee may be provided with money paid by the Compensation Fund to

replace loss of salary if unable to work and/or to compensate for medical expenses in this regard. *The Code* specifically mentions that, where possible, employers should encourage employees with disabilities to return to work rather than terminate their employment (DOL, 2002).

3.3.2.9 Mentoring and support

Both mentoring and ongoing support is vital to the successful integration and retention of people with disabilities in employment. According to the ILO (2002), support for a person with a disability should be ongoing, from induction through to retention. McDowall-Long (2004) states that mentoring provides support to employees with disabilities and can assist with employee development as well as with a number of career-focused purposes. She provides five important factors relating to mentoring of people with disabilities that include sponsorship, coaching, protection, challenge and exposure (McDowall-Long, 2004). A mentor is able to assist in sponsoring advice relating to promotion or employment changes, as well as coaching a person with a disability by providing assistance, advice, and feedback. A mentor has the ability to protect persons with disabilities from in-house conflicts or inappropriate tasks. In addition, they are able to motivate and encourage them to take on more challenging tasks, query their perceptions, and obtain higher output levels. They have the ability to introduce them to their networks and expose them to their contacts (McDowall-Long, 2004). Lastly, they are able to fulfil a variety of psychosocial functions, including “confirmation and acceptance (‘affirming and understanding the experiences of the protégé’), counselling, friendship, and role modelling” (McDowall-Long, 2004:522).

Kilian, Hukai and McCarty (2005) suggest that mentoring programs are seen as an important means of developing diversity into corporate leadership. In addition, they can benefit organisations by retaining skilled employees and helping maintain the in-house culture (Kilian, et al., 2005). Research has shown that mentoring is related to a number of positive career-oriented outcomes (National Council on Disability, 2007; McDowall-Long 2004; Butterworth, Hagner, Helm and Whelley, 2000). These include elevated salaries, improved job performance, enhanced career satisfaction, swifter promotion rates, increased levels of contact to senior decision makers and improved psychosocial outcomes, including positive behaviour, relationships, self-esteem (National Council on Disability, 2007; McDowall-Long 2004; Butterworth, et al., 2000). McDowall-Long (2004) revealed that the significance of

mentoring and support for a person with a disability is superior when the mentor also has a disability. To conclude, support and mentoring is a vital tool for the integration and retention of people with disabilities in employment.

3.3.2.10 Termination of employment

Termination of employment must be fair both in terms of labour practice and employment equity (DOL, 2002:47).

Termination is dealt with in *The Code* and *TAG* only in terms of employees who acquire disabilities during employment, and not by those with existing disabilities (DOL, 2003; DOL, 2002). As mentioned earlier, if an employee becomes disabled, the employer should consult the employee to assess if the disability can be reasonably accommodated. If this is not possible, the employer should consult the employee to explore the possibility of alternative employment appropriate to the employee's capacity. If, after this, it is established that the employee is unable to be accommodated or if there is no appropriate alternative employment, the employer may terminate the employment relationship in accordance with Schedule 8 of *The Labour Relations Act 66 of 1995* (Code of Good Practice: Dismissal) (Republic of South Africa, 1995). When an employee with a disability is dismissed, "for operational requirements, the employer should ensure that any selection criteria do not directly or indirectly unfairly discriminate against people with disabilities" (DOL, 2002:9). *The TAG* states that termination of employment needs to be fair in terms of both labour practice and employment equity. The selection criteria used in dismissing employees for operational reasons must be examined to ensure that it does not unfairly discriminate against people with disabilities. Where possible, every attempt should be made to retain people with disabilities. It is important that people with disabilities request reasonable accommodation during any of the processes related to termination or application for benefits. They need to understand that they cannot be dismissed on any grounds relating to disability without the employer first having followed the statutory procedures that must precede such a dismissal (DOL, 2003).

In spite of legislation and documentation, literature reveals that some people with disabilities are dismissed or refused promotion purely as a result of their disability. This is regarded as direct discrimination (Kaptein, 2009; Williams, 2006; O'Hara, 2004; Arthur and Zarb, 1995). Many people with disabilities choose to resign from employment due to the pressures of inaccessible workplaces, negative attitudes and discrimination, inequality of benefits and

salary, and a lack of career advancement and progression (Kaptein, 2009; Williams, 2006; ILO, 2002).

The National Council on Disability (2007) states that people with disabilities not only experience challenges in entering into employment, but often have a higher probability of losing their jobs after being employed, compared to those without disabilities. It further states that research shows that people with disabilities are less likely to be retained by employers than those without disabilities. This is due to either a job-mismatch hypothesis or employer discrimination (Baldwin and Schumacher, 2002). Miceli et al. (2002) state that employees with disabilities are more likely to have their employment contracts terminated, compared to those without disabilities.

3.3.2.11 Attitudes towards disability within employment

This section examines the influence of employer and employee attitudes towards disability. As discussed in Chapter 2, our paradigm, or the way in which we view disability, is influenced by either the medical or the social model of disability. The way in which an employer views disability will generally have a direct impact on whether people with disabilities experience full participation and inclusion, or whether there will be discrimination and difficulties in entering into and remaining in employment.

Studies have shown that the attitudes of employer, manager and fellow employees have a strong impact on the employment experiences of people with disabilities (National Council on Disability, 2007; Colella, 2001; Marti and Blanck, 2000). Discriminatory attitudes or stereotyping in the workplace relating to people with disabilities remains a significant obstacle to integration into employment, as well as career advancement for such people (Bruyère et al., 2003; Hernandez et al., 2000). Research has highlighted the most significant challenges experienced by people with disabilities when seeking employment and these include discrimination, prejudice and unwillingness of employers to employ them (National Council on Disability, 2007; Dixon, Kruse, and van Horn 2003; Bruyère, 2000). Such attitudes are as a result of people with disabilities being seen as being in need of care and assistance, and incapable of working (Gartrell, 2010). Accordingly, these cultural discourses shape the attitudes of parents, family members, communities, teachers and employers. The attitude of people “is vital in ensuring, or depriving, access to opportunities, such as school

and work” (Gartrell, 2010:294). The impact of negative attitudes of employers and fellow employees towards disability is seen as being one of the most significant challenges that people with disabilities experience in employment (Boyle, 1997; Stone and Colella, 1996; Wordsworth, 2004). Negative attitudes can be attributed to the following:

- Inferiority: the idea that people with disabilities are inferior to people without disabilities as they lack in function;
- Pity and charity, resulting in the feeling that people with disabilities are in need of care and assistance;
- Hero-worship, where people with disabilities who are successful are viewed as being special and extraordinary in overcoming their disabilities;
- Ignorance, when people do not have adequate information regarding disabilities;
- Spread effect, the incorrect assumptions surrounding disabilities such as the idea that shouting or over-exaggerating speech assists communication with a person with a hearing disability, and that disability affects other senses;
- Stigma, resulting from ignorance and incorrect information;
- Stereotypes and generalisation, often based on assumptions and personal beliefs rather than fact;
- Backlash: the idea that people with disabilities are given an unfair advantage over people without disabilities;
- Fear of saying or doing the wrong thing, resulting in avoidance (Minton, 1992; Wordsworth, 2003).

Of the above list of challenges, the most significant attitudinal barriers that negatively impact people with disabilities in employment are ignorance, stereotypes and stigmatisation (Boyle, 1997; Stone and Colella, 1996; Wordsworth, 2004). Ignorance results in employers reverting to stereotypes in their employment expectations of people with disabilities. These are, “typically false negative generalisations of the identified group of which the individual is a member” (Wordsworth, 2004:74). These stereotypes range from unintentional and unconscious activities, which devalue and denigrate people with disabilities, to intimidation and open hostility (Barnes, 2003). Stone and Colella (1996:358) state that there are six dimensions of stereotypes that are ascribed to people with disabilities, which include:

1. “Social or interpersonal competence (shy, quiet, aloof, distant);

2. Task competence (helpless, dependent, non-competitive);
3. Concern for others (non-egotistical, benevolent);
4. Integrity (saint-like, honest);
5. Emotional adjustment (bitter, unhappy, nervous, hypersensitive);
6. Potency or strength (unaggressive, submissive).”

As a result of these stereotypes, many people with disabilities are overlooked during the recruitment and selection phases of employment (Wordsworth, 2004). Following on from this, people with disabilities who are employed are often overlooked during promotion phases of employment due to employers not providing them with opportunities to prove their competencies (Klimoski and Donahue, 1997). The stigma experienced by people with disabilities in employment is often due to co-employees who have limited interaction with people with disabilities. This is especially true in the South African context due to the segregated education system for children with disabilities. The stigmatising of people with disabilities in employment may result in their social isolation, as well as poor or strained interactions (Klimoski and Donahue, 1997). Many employers lack awareness about what it means to employ a person with a disability and are not aware of current and prospective employees’ additional needs. Negative employer attitudes may discourage people with disabilities from disclosing their disabilities or from applying for employment. This is as a result of the employer’s paradigm of disability. Often employers have “a narrow view of disability, focusing on visible physical impairments, which they associate with incapacity to do things and extra costs” (Cabinet Office, 2005:159).

Many employers and employees without disabilities have judgmental and dismissive attitudes towards employees with disabilities. These attitudes lead to some employees with disabilities feeling isolated and excluded (DBSA, 2005). The result of ongoing negative attitudes towards people with disabilities in employment may lead to feelings of anger and frustration at not being accepted. This in turn, “reinforces their sense of failure. As there seems to be little room for expression, respondents seem to either avoid challenging the status quo or become disconnected from the workplace as a coping mechanism” (DBSA, 2005:35). A lack of dealing with this frustration and anger may result in depression for people with disabilities, not due to their disability but rather being ascribed to a lack of emotional connection and reasonable accommodation in employment (DBSA, 2005). Some managers adopt a

persecutory role and blame the employees with disabilities for “a range of issues inclusive of but not exclusively limited to work performance, and issues of entitlement” (DBSA, 2005:40). As a result of these discriminatory attitudes, many people with disabilities feel that they have to work far harder than those without disabilities in order to prove their capabilities (Gartrell, 2010). Many people with disabilities who have increased their employment competitiveness by furthering their education, acquiring skills and building social networks are still perceived as striving to outdo, or at least match, able-bodied norms (Gartrell, 2010:295).

On the other hand, not all employers purposefully exclude or discriminate against people with disabilities. Some employers become overprotective of employees with disabilities and adopt the role of protector, feeling that it is their responsibility to cushion people with disabilities from the world. This may lead to feelings of resentment by employees without disabilities towards the specialised treatment of the employee with a disability (DBSA, 2005). Overprotective employers assist in keeping people with disabilities “in their place of low status, while believing they are ‘helping’” (Gartrell, 2010:297).

While legislation such as *The EEA* has an influence on change, the main motivation for change is driven by employers “who incorporate fairness into their personal values and ethics, as expressed via their management practices” (Miceli et al., 2002:34). Bricout and Bentley (2000) state that in order to address negative attitudes towards people with disabilities in the employment environments, exposure to ‘success stories’ and interactions with employees with disabilities and employers who have successfully integrated employees with disabilities may be helpful. To conclude, Miceli et al. (2002), state that overcoming discriminatory attitudes towards disability will not occur overnight without a great deal of intervention. A key intervention strategy would be disability sensitisation workshops. This, they say, is because the roots of such discrimination are deeply embedded in individual learned and conditioned behaviour.

3.4 Employment integration and retention factors summary

This section has examined the many different aspects that influence the integration and retention experiences of people with disabilities in employment. It examined literature relating to the integration and retention phases of employment. While there are both global

and local policies, and legislation (including the ILO's *Code of Good Practice*, World Bank employment implementation documents, *The EEA, Code*, and *TAG*) that provide clear steps and guidance on employment integration and retention, literature has shown that people with disabilities still experience difficulties in these phases of employment (Wilson-Kovacs et al., 2008; Barnes, 2003; Metts, 2000; Stone and Colella, 1996; Arthur and Zarb, 1995). While literature revealed that some of the difficulties that people with disabilities experienced entering into and remaining in employment was a result of obstacles caused by factors such as inaccessible built environments and workplaces, transport systems and training providers, the majority were as a result of employers' ignorance and negative attitudes towards disability. Employer attitudes either result in obstacles or access, beginning during the hiring phase right through to retention in employment for people with disabilities (Wilson-Kovacs et al., 2008; Kitchin, 2007; Wordsworth, 2004; Barnes, 2003; ILO, 2002; Metts, 2000; Boyle, 1997; Arthur and Zarb, 1995).

3.5 Chapter conclusion

In spite of South Africa having a democratic constitution guaranteeing equality and freedom for all South Africans, together with some of the most progressive and comprehensive legislation protecting the rights of people with disabilities, many still experience great difficulty entering into and remaining in employment in South Africa (Mitra, 2008; Dube, 2005; Barnes, 2003; O'Reilly, 2003). Research has shown that full integration and retention in employment takes more than *The EEA*. This is largely due to a lack of monitoring, accountability, conceptual understanding, and a lack of capacity (Sing, 2012; Bezuidenhout, et al., 2008; Mitra, 2008; ILO, 2006c; Dube, 2005; Barnes, 2003; O'Reilly, 2003; SAHRC, 2002).

The following chapter, *Research methodology*, provides information on the overall design and methodological approach to this study. It explains the use of case study design within a qualitative framework and defines the study sample. The selection of methods of data collection and analysis are then explained. The chapter concludes by considering the validity and ethics of this study and what measures were taken to address these aspects.

Chapter 4

Research methodology

4.1 Introduction

This chapter addresses the overall design and methodological approach to this study. The first section explains the use of case study design within a qualitative framework. The second section defines the study sample, namely, on what grounds people with disabilities were selected. The methods of data collection and analysis are then explained. The chapter concludes by considering issues of the validity and ethics of this study and what measures were taken to address these.

Research, in its various forms, is one of many ways to gather and understand information. From that, the methodological design chosen for the research is concerned with “informed decision-making that involves weighing up pros and cons, and deciding what is best given your specific context” (O’Leary, 2004:87).

As mentioned in Chapter 2, the way in which disability is regarded will have a direct impact on how people with disabilities are treated. When it comes to disability research, the way in which issues surrounding disability are addressed, interpreted, understood and evaluated will be directly linked to how the researcher responds to disability. The researcher is a person with a disability and views disability primarily from the social model paradigm as opposed to the medical model. As the aim of this study focuses on exploring the experiences of people with disabilities entering into and remaining in employment, it was felt that a qualitative research paradigm was preferable. Furthermore, a qualitative approach lends itself to the conceptual framework of the study in that it recognises the value of each case on its own merit and shies away from lists or ‘the grouping together’ of people with disabilities, as would happen if a quantitative survey had been used.

4.2 Research design

Qualitative and quantitative research methods are sometimes viewed as being on the opposing ends of the research continuum. Those using quantitative methods tend to work with many cases and few variables. On the other hand, researchers who work with qualitative

methods may rely on a few cases involving many variables (Flick, 2002; Sale, Lohfeld and Brazil, 2002; Ragin, 1987). Furthermore, quantitative researchers will utilise structured observation techniques such as experiments, surveys, structured interviews and questionnaires, which pose questions requiring ‘yes/no’ or numerical types of answers. Moreover, the objectives of quantitative research are concerned with testing theories, determining facts, analysing statistics and demonstrating relationships between variables (Garbers, 1996).

On the other hand, qualitative researchers rely on ‘how,’ ‘why’ or ‘what’ questions when exploring topics through the analysis of unstructured information. These questions help to provide an in-depth description of a specific phenomenon, whether it is a programme, an attitude, a behaviour, a practice, a culture, a lifestyle or a setting. Qualitative research studies attempt to make sense of, and interpret, phenomena in relation to the meanings people bring to them (Denzin and Lincoln, 1994). They occur in environments such as “real world setting [where] the researcher does not attempt to manipulate the phenomenon of interest” (Patton, 2002:39).

Furthermore, qualitative researchers adopt an interpretive and naturalistic approach in their attempt ‘to make sense of’ their subject matter (Mertens, 1988). Qualitative research can be defined as

An inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting (Creswell, 1988:7).

Subsequently, using qualitative research methods enables the researcher to gain an in-depth and detailed overview of the subject matter. Ultimately, qualitative research strives to achieve a better self-understanding as well as an increased insight into the human condition (Silverman, 2009; Flick, 2002; Denzin and Lincoln, 1994).

It is important to note that within qualitative research, data collection takes place in many different forms. These collection methods include in-depth interviews, open ended surveys, e-mails, field notes, feedback forms, interview transcripts, photographs and transcribed recordings of naturally occurring interaction such as videos, and documents. Coffey and Atkinson (1996) warn against complacency when using qualitative research. They emphasise

that the qualitative researcher needs to maintain direction and focus throughout the study and that no research may be undertaken “in a spirit of careless rapture, with no principled or disciplined thought whatsoever” (Coffey and Atkinson, 1996:5). Furthermore, it is vital that the researcher creates and maintains a common thread that runs throughout the entire research, linking it together.

To conclude, qualitative research makes use of complex methods that do not relate to a singular entity but rather “an umbrella term which encompasses enormous variety” (Punch, 1998:139). The research design of a qualitative study involves four central components, namely, “the strategy, the conceptual framework, the questions of who or what will be studied, and the tools to be used for collecting and analyzing empirical materials” (Punch, 1998:149–150). Furthermore, there are particular aspects attributed to a qualitative research study. These include an exploratory and descriptive focus; emergent design; data collection in the natural setting; emphasis on ‘human-as-instrument’; qualitative methods of data collection; and early and ongoing inductive analysis. In this study, case studies, which are concerned with studying subjective meanings and individual ascriptions of sense, were used.

4.2.1 The exploratory case study as research strategy

Yin (2003) suggests that the case study is a preferred method for investigating real life events in their natural setting as it captures both the phenomenon and its context. They can be used in many different contexts, including individual, organisation, programme and community events (Yin, 2003).

The methodological approaches used to collect data within case studies involve many methods including surveys, participant observations, direct observations, document analysis and interviews (Gray, 2009; Yin, 2003). It does not however necessarily set out to develop and test hypotheses. In order to conduct case study research the researcher needs to identify the phenomenon, either as a single case or group of cases. Secondly, the researcher needs to have a clear, well-defined research objective and relevant research strategy, and thirdly, in order to explain the phenomenon, case studies need to use variables of theoretical interest. The case study design was further viewed as appropriate to the research topic as the use of this design has proved very successful, particularly through the use of personal stories, in the relatively young field of research pertaining to disability (Chambers, 1999:9). In this study, a

qualitative case study approach was used to examine a social phenomenon, namely, the experiences of people with disabilities entering into and remaining in employment in South Africa. Due to limited research in this area in South Africa, this study is exploratory in design.

Subsequently, the research has certain characteristics specific to the exploratory research design. Firstly, the research is relatively small in scale, involving 72 participants with disabilities, to allow for in-depth analysis. Secondly, these participants were purposively selected. A variety of disabilities was deliberately selected as this represented a range of people with disability who were employed, and subsequently were viewed as the most knowledgeable about the research topic who could supply information rich data.

Case studies are further defined as the exploration of a 'bounded system' of a case, over a period of time through detailed in-depth data collection (Creswell, 1988:496). Furthermore, it was anticipated that the use of a variety of disabilities would provide a more holistic and reflective picture than the use of one particular disability, as theoretical replication strengthens the validity and confidence of findings (Yin, 2003; Miles and Huberman, 1994).

Central to the case study design is the 'unit of analysis,' which relates directly to the source(s) of information within the research (Yin, 1994:3). The unit of analysis defines "what the 'case' is" (Yin, 2003:22). The aim of the research is to study the global nature of the phenomenon of experiences in employment by people with disabilities. Subsequently, the study is viewed as containing a holistic design revolving around a single unit of analysis (Yin, 1994:5). The researcher will then focus on this individual unit, whether it is a single person or a larger group, observing its traits and characteristics. This is in order to gain a deeper understanding of that unit "with a view to establishing generalisations about the wider population to which that unit belongs" (Cohen and Manion, 1989:124–125). The unit of analysis in this study is a select group of people with disabilities.

Qualitative researchers should not be satisfied with using explanations that are particular are limited to their study. They should rather produce explanations that are generalisable in some way, or that have a wider resonance (Mason, 2002). Hence, it is anticipated that the study will produce theoretical or analytical generalisations. This involves generalising theory from the

study (de Vaus, 2001). Theoretical generalisation is supported by Yin (2003:37) who puts forward that:

Critics typically state that case studies offer a poor basis for generalising. However, such critics are implicitly contrasting the situation to survey research, in which a sample readily generalises to a larger universe. This analogy to samples and universes is incorrect when dealing with case studies. Survey research relies on statistical generalisation, whereas case studies rely on analytical generalisation. In analytical generalisation, the investigator is striving to generalise a particular set of results to some broader theory.

The study also makes use of purposive sampling as described below. This sampling method is viewed as conducive to producing theoretical generalisations (Silverman, 2009).

4.2.2 The study sample: Population and sampling

4.2.2.1 Population and sample

After researchers refine concepts and measurements, they need to decide who or what to study. In a research study, the population constitutes the “group (usually of people) about whom we want to draw conclusions. We are almost never able to study all the members of a population that interests us, however, and we can never make every possible observation of them” (Babbie and Mouton, 2004:100). When selecting a sample the researcher needs to go into further detail about the relevant population. Qualitative researchers select each of their respondents purposefully, “the logic and power of purposeful sampling... leads to selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research...” (Patton, 2002:46).

In this study, interviews were conducted with 72 people with disabilities who were currently employed in South Africa. This was in order to examine the experiences of people with disabilities in entering into and remaining in employment in South Africa. Purposive sampling was used in this study. This approach implies that the researcher wants to examine, and subsequently selects “a sample from which the most can be learned” (Merriam, 1989:61). In addition, purposive sampling occurs when a researcher chooses a sample based on their “own knowledge of the population, its elements, and the nature of your research aims” (Babbie and Mouton, 2001:166). In this study, the sampling process was viewed as purposive, as the participants selected were viewed as the most knowledgeable with regard to

the aim of the study. Subsequently, they would be conducive to the development of theoretical generalisations.

In order to find participants with disabilities, the researcher approached disabled peoples organisations (DPOs) that support people with a range of disabilities; placed advertisements in disability magazines; contacted disability units at tertiary educational institutions for ex-students with disabilities as well as groups of people with disabilities (i.e. the Deaf Community of Cape Town), as well as companies known to have employed people with disabilities. The researcher also spoke to friends and employees with disabilities who provided further possible candidates. As the researcher is a board member on a number of disability projects and networks, she was able to successfully approach a number of people with disabilities for interviews.

The inclusion criteria for participants in this study were specific to:

- Persons with a disability who are defined in *The EEA* as having an impairment that was either physical or mental, long term or recurring, and being substantially limiting;
- Persons with a disability who are currently employed in the South African labour market;
- Persons residing in one of South Africa's nine provinces.

4.2.2.2 Exclusion criteria

Persons whose disability was not defined in *The EEA* as being physical or mental, long term or recurring, or substantially limiting were excluded from the sample. In addition, the following were also excluded:

- People with impairments that are easily controlled, corrected or lessened, that have no limiting effects (for example, people who wear glasses), and those that are called public policy exclusions. These include sexual behaviour disorders that are against public policy; self-imposed body adornments such as tattoos and body piercing; compulsive gambling; tendency to steal or light fires; disorders that affect a person's mental or physical state if they are caused by current use of illegal drugs or alcohol, unless the affected person is participating in a recognised programme of treatment; normal deviations in height, weight and strength; and conventional physical and mental characteristics and common personality traits (DOL, 2002:9)

- Persons with disabilities who were not currently employed
- Persons who were not residing in South Africa's provinces.

4.3 Biographical information

In order to be as representative as possible, participants were selected on the basis of disability category, age, gender, race, province and system of education received (see breakdown under biographical information). Lastly, participants were categorised into two further groups: those who were born with a disability and those who acquired their disabilities after birth.

4.3.1 Disability categories

Participants in this study included 72 people with hearing, visual, physical, neurological, cognitive, and multiple disabilities (see Figure 3). The disability category breakdown is as follows:

- 28% of participants had a hearing disability and were either Deaf or Hard of Hearing.
- 26% had a visual disability including Diabetic Retinopathy, Retinitis Pigmentosa, Infantile Glaucoma, Congenital Glaucoma.
- 17% of participants had a physical disability, which included people with Chronic Osteo-arthritis, Paraplegia, Quadriplegia (complete and incomplete), Paralysis due to Polio, Hemiplegia, Spastic Diplegia, Marfan's Syndrome, Achondroplasia, Amputee (above the knee, below the knee, below the elbow) and Muscular Dystrophy.
- 11% had neurological disabilities including Cerebral Palsy, Multiple Sclerosis, Multiple Sclerosis, Becker's Dystrophy and Epilepsy.
- 10% of participants had psychological disabilities including Schizophrenia, Severe Depression and Bipolar Disorder.
- 3% had cognitive disabilities including intellectual disabilities, and learning disabilities such as Dyslexia, Dyspraxia and Attention Deficit Disorder with or without Hyperactivity (ADD/ADHD).
- The remaining 5% had multiple disabilities.

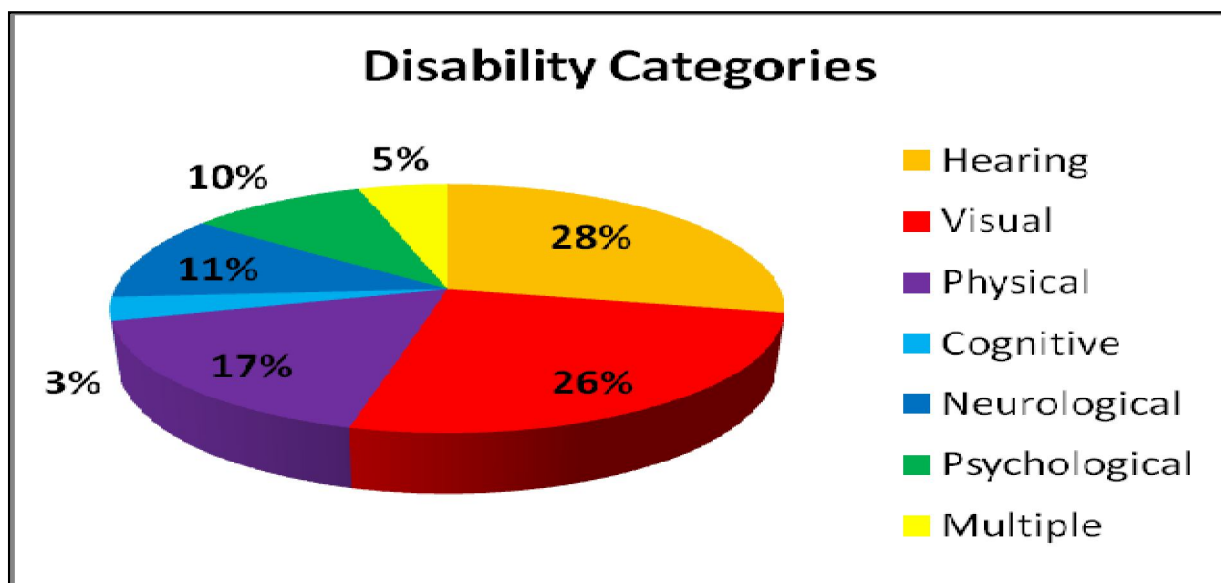


Figure 3: Disability categories

4.3.2 Disability causes

There are many reasons people are either born with or acquire disabilities. Participants with congenital disabilities in this study stated that the reasons for their disabilities included the following: hereditary conditions; genetic conditions; illness contracted by mother while *in utero*; birth injuries and other unknown factors. Some participants acquired disabilities as a result of illnesses such as German Measles/Rubella or Polio; degenerative conditions such as Retinitis Pigmentosa; road accidents; abuse of illegal substances; near drowning; traumatic events; crime (most commonly gunshots and stabbing); while others were unsure about the cause of their disability. Some acquired their disabilities suddenly while for others it was a gradual process.

The disability categories used in this study included people with hearing, visual, physical, neurological, psychological, cognitive and multiple disabilities. It should be noted that participants were only classified into disability categories to ensure that a full representation from all spheres of the disability spectrum were included.

An important feature of this research is the conscious attempt to elevate the individuality of people with disabilities and not refer to them as a homogenous group. This falls directly in line with the underlying theoretical framework of the study. For example, two people with the same disability category, such as being Deaf, may share the disability but have completely

different life experiences and challenges related to their disability. It is vital that the diversity within perceived ‘categories’ of disability is recognised. Any failure to do so is a shift towards the medical model of disability.

One may have been born Deaf while the other became Deaf later in life, resulting in the one having acquired spoken language while the other did not. This in itself may impact on the educational stream available, as the majority of children who are born Deaf in South Africa attend a separate special school for Deaf children. A child who lost their hearing later in life may have had the option of remaining in their local mainstream school, where they may be able to get a matric, enter a tertiary educational institution and become employed. A child who attends a school for the Deaf may not have the option of writing matric due to the lack of schools for the Deaf offering classes above grade seven or matric subjects (Peel, 2005). This may result in the child not having access to tertiary educational institutions as a matric exemption is an entrance requirement. This, in turn, may impact on the type of employment opportunities available in future.

The sample was skewed towards women (58%) and ranged in age from 16 to 59 years in age. With regard to race groups, 45% were white, 33% were African, 14% were coloured and 7% were Asian. The study was geographically diverse in that participants from seven out of the nine provinces of South Africa were included (Western Cape 40%; Gauteng 18%; KwaZulu-Natal 14%; Northern Cape 13%; Free State 10%; Limpopo 4%; and Eastern Cape 1%).

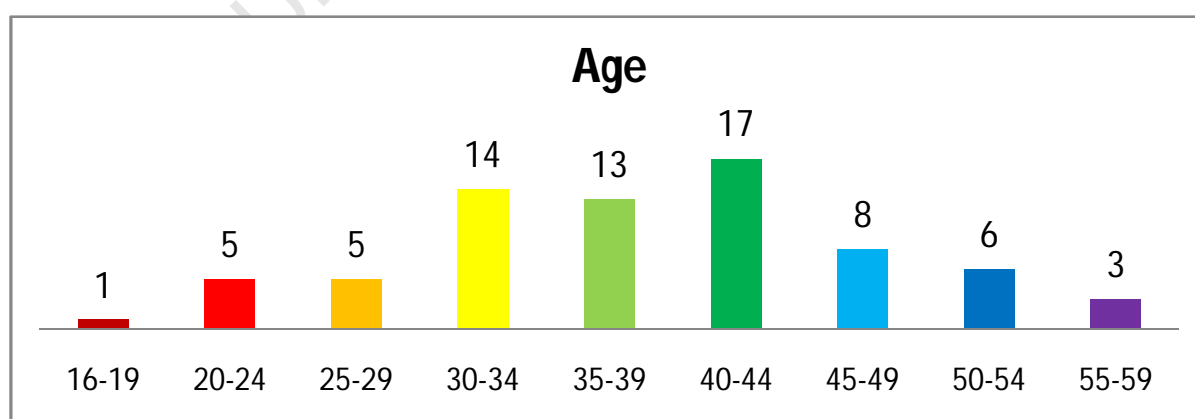


Figure 4: Age of participants

More than half of the sample acquired their disabilities after birth (54%) with the remaining 46% having congenital disabilities. With regard to education, 46% of participants attended a mainstream school, 43% a special school for children with disabilities, while 11% attended a combination of both streams. Just over half of the participants (51%) attended a higher education institution, completing a certificate, diploma or degree.

4.4 Data collection

4.4.1 Interviews

There are different types of interviews including “structured, semi-structured, non-directive, focussed and informal conversational interviews” (Gray, 2009:371). Qualitative interviews construct not only narratives, but also social worlds by providing opportunities to collect and rigorously examine narrative accounts (Silverman, 2004). Qualitative interviewing is attributed as being “flexible, iterative, and continuous, rather than prepared in advance and locked in stone” (Babbie and Mouton, 2004:289).

As the aim of this research is to gain insight into the experiences of people with disabilities entering into and remaining in employment in South Africa, semi-structured interviews were selected as the primary means of data collection. This was because in semi-structured interviews participants are able to “develop ideas and speak more widely on the issues raised by the researcher” (Denscombe, 2002:113).

4.4.2 Interview questions

An interview schedule, which was used as a guide, was prepared beforehand. This interview schedule contained a list of open-ended questions (see Appendix A). The interview schedule began with biographical questions relating to the participant’s background with particular interest in their disability and the education they received. As the interview progressed, the questions started to address the more specific objectives of the research in identifying their experiences entering into and remaining in employment in South Africa. Participants were asked questions relating to their experiences in the following areas:

- Accessing primary, secondary and tertiary education;
- Accessing employment advertisements;
- Applying for advertised positions;
- During recruitment and selection process;

- During placement, training and career advancement;
- Accessing reasonable accommodation;
- Support and attitude of management and employees;
- Confidentiality and disclosure.

Many of the questions that were included in the interview schedule were loosely based on the Department of Labour's *Code* (DOL, 2002). This piece of legislation was used because its components consist of the logical sequence of steps taken to integrate and retain people with disabilities in employment in South Africa. Furthermore, it is the most up-to-date legislation in South Africa and its guidelines and objectives are in line with the social model of disability. The reason for using an interview schedule is so that "the same basic lines of inquiry are pursued with each person interviewed" (Patton, 2002:343). The advantage of using an interview schedule is that it assists in making the interviews with different respondents "more systematic and comprehensive by delimiting in advance the issues to be explored" (Patton, 2002:343). It provided a framework that the researcher used to create and sequence questions and allowed decisions to be made concerning which information to pursue in greater depth.

4.4.3 Research setting

During the scheduling of all interviews, participants were asked whether they required reasonable accommodation or special arrangements (i.e. wheelchair-accessible venues, seating arrangements, additional lighting, and Sign Language interpretation) in order to conduct the interviews. Some participants requested interviews to occur over a few sessions due to fatigue or other circumstances. All venues were chosen by the participants and the interviews were conducted in an environment where they felt most comfortable. Venues included homes, workplaces as well as restaurants and coffee shops. For participants who were Deaf or Hard of Hearing, venues that were well lit were selected, as participants needed to lip-read or be able to see the Sign Language interpreter. Many participants who were visually impaired selected venues that were quieter, such as their homes or workplaces. The majority of the participants with psychiatric disabilities requested interviews away from their workplaces as many had not disclosed their disabilities to their employers and fellow employees due to their concern about being discriminated against. Participants with physical

disabilities selected venues such as their homes or coffee shops that were accessible to conduct their interviews.

4.5 Recording of data

Participants who are non-verbal or those who experience difficulties with spoken language, were given the choice of hand-writing, typing, or using assistive devices to provide their answers. This was done in order to verify answers and to prevent the loss of information.

All interviews were conducted in English except for respondents who were Deaf who had the choice of having their interviews conducted in South African Sign Language². Interviews were recorded using a digital voice recorder and were immediately downloaded onto a computer and stored as an audio file. Participants who were Deaf and chose to communicate in Sign Language were given the option of having their interview videotaped and later transcribed by a Sign Language specialist. This process was used as it is a qualitative approach accommodating Deaf and in line with social model of disability. All participants who were Deaf declined to be videotaped and requested to use Sign Language interpreters instead. As mentioned previously, these interviews were voiced-over by the interpreter, whose voice was recorded. This recording was then played back and the interpreter interpreted their own voice-over back into Sign Language, so that the participant who was Deaf could verify that what was recorded was correct (Ward, Wang, Paul, and Loeterman, 2007; Johnston and Schembri, 2006).

When making use of the services of a Sign Language interpreter, the interviewer should ensure that they select an interpreter who had signed a strict code of confidentiality, and that they are “skilled in interpreting the sense and intent of what is said while preserving the content of the interview” (Phelan and Parkman, 1995:555). Where the services of a qualified interpreter were not available, a friend or family member was often used. This, however, is not ideal, as although they may have insight and knowledge about the person, they may add their opinions or own views of the situation during their translation. Furthermore, they may not be accurate, or may simplify or change the question asked, or answer being given (Phelan

² The initial letters in the term ‘Sign Language’ are capitalised in the way that names of other languages are capitalised, such as English or Urdu. Sign Language is considered to be an official language by those who use it to communicate.

and Parkman, 1995). The placement of an interpreter during an interview is also important, as the participant needs to be able to see both the interpreter and the interviewer. It is essential that there is adequate lighting so that the participant can see the interpreter clearly (Ward et al., 2007; Johnston and Schembri, 2006; Phelan and Parkman, 1995). In this study, the Deaf participants were asked who they would prefer to use during interviews and their requests were honoured. In addition, participants were asked where they would like the interpreter to be positioned, and whether they were able to see the interpreter clearly.

In order to test whether the questions that were compiled for the interview schedule were satisfactory, six interviews with participants were conducted as a pilot study. The pilot interviews ranged between 67 minutes and 198 minutes and they were conducted in the Western Cape with participants having a variety of disability, age, race, and gender and disability onset. Pilot studies are also known as feasibility studies or trials and can play an important role in qualitative research. They occur prior to the completion of a larger study and assist in the preparation of a larger scale, and more comprehensive, investigation in order to improve its quality and efficiency (Thabane, Ma, Chu, Cheng, Ismaila, Rios, Robson, Thabane, Giangregorio, and Goldsmith, 2010; Van Teijlingen and Hundley, 2001). Pilot studies are extremely beneficial to the research process as a whole as they allow the researcher to gain insight into previously unknown areas of the data collection process. They also improve the validity of a research study (Thabane et al., 2010; Van Teijlingen and Hundley, 2001). Moreover, pilot studies are useful as they provide advanced warning to areas where the main research could fail (such as non-following of research protocols, inappropriate methods or instruments) (Van Teijlingen and Hundley, 2001).

Each of the six pilot interviews became part of the main research sample and was incorporated into the main research study. During the pilot study, the researcher began to develop a greater understanding and feel for the research topic. The pilot study was also beneficial in a number of other ways. To begin with, the pilot interviews assisted in refining the interview schedule by clearly showing the need for streamlining and reducing the number of questions, and combining others (Thabane et al., 2010; Van Teijlingen and Hundley, 2001). Secondly, the pilot studies alerted the researcher to the need to simplify her language usage with some participants whose first language was not English. Thirdly, the researcher discovered the need to verify data after each interview with participants who were Deaf, and

not to rely on the Sign Language interpreters to translate information accurately (the researcher has a thorough understanding of South African Sign Language and is qualified to teach children who are Deaf). Although the interpreters that were used during the interviews were selected by the participants who were Deaf themselves, the researcher learned that she needed to repeat the participants' answers, and have the interpreter sign these back. This was to ensure that what was interpreted was in fact correct. The Sign Language interpreters in this study found it more difficult to interpret from Sign Language into English (known as 'voicing-over'), than to interpret from English into Sign Language (Stokoe, 2005; Bellugi and Fischer, 1973).

4.6 Data reduction, coding and analysis

Data reduction happens continually throughout analysis and commences through editing, segmenting and summarising data. It refers to the "process of selecting, focussing, simplifying, abstracting, and transforming the data" (Miles and Huberman, 1994:10). Data reduction is also explained as the first stage of the qualitative analysis process where "data are coded, summarized and categorised" (Sarantakos, 1998:207). From the descriptive information gathered throughout the research process, data are reduced to 'chunks' of varying size. These 'chunks,' or segments of data, may comprise of "words, phrases, sentences or whole paragraphs with each containing a unit of meaning" (Miles and Huberman, 1994:56). As data are systematically reduced, or 'broken down' into manageable units of meaning, so codes are then attached to these units of meaning (Coffey and Atkinson, 1996). As similar units of meaning are linked together and attributed common codes, concepts and themes emerge from the raw data.

To begin the analysis process in the study all the raw data from the interviews was transcribed from the digital voice recordings into a textual format. These transcripts were supplied from the transcribers in MS Word documents. The researcher read and reread through each of the interview transcripts. During this inductive process, the researcher began to recognise units of meaning in the data and these segments of data were highlighted, and so the method of data reduction proceeded (Coffey and Atkinson, 1996:28). It was found that the data reduction process helped the researcher decide what further data to reduce and attribute codes to (Alston and Bowles, 1998). This led to the next stage of the analysis process where codes are used to retrieve and organise data (Sarantakos, 1998; Coffey and

Atkinson, 1996). As similar segments of data were recognised and reduced, the researcher inductively attributed codes to these segments and themes slowly emerged from the data (Coffey and Atkinson, 1996:29). Subsequently, in the creation of themes the most important goal of data reduction had been achieved (Alston and Bowles, 1998:208). Miles and Huberman (1994), put forward that the organising part will “entail some system for categorizing the various chunks, so the researcher can quickly find, pull out and cluster the segments relating to a particular research question, hypothesis, construct or theme” (1994:56). A new MS Word document was opened for each theme and as the researcher read through an interview transcript and identified segments of data, these segments were copied and then pasted to the relevant document relating to a certain theme.

During the data reduction and coding process described above, the researcher had to decide on what level she wanted to analyse the data and how many concepts she wanted to include. Firstly, biographical data was sorted and added to a database, which was used for the descriptive statistical data section of this study. Categories included the following: participants’ age; race; gender; province; disability type; whether they acquired their disability or whether it was congenital; the educational facility attended; whether they attended a tertiary education institution; whether they had completed their education; and the level of education achieved.

Furthermore, during the analysis period, it was found that many of the experiences of people with disabilities were mirrored by other participants with differing disabilities. Data can be seen as pieces of a jigsaw-puzzle and each piece has two roles. On the one hand it is an isolated piece and on the other – when combined with other individual pieces – it completes the picture as a whole. Each piece of data is vital and, if omitted, will leave gaps in the research (Coffey and Atkinson, 1996:29). As the aim of this study was to examine the experiences of people with disabilities, these were identified in order to examine whether their experiences were shared. Ultimately, after repeating the process of reading and re-reading, reducing the data, formulating themes, analysing and interpreting; conclusions were reached until themes were saturated. Subsequently, data relating to these experiences were identified and separated into themes including: experiences in education; during application and interview process; surrounding disclosure; and employers’ and employees’ attitudes. The researcher then went through each of the 72 interview transcripts, selected direct quotations

relating to the differing experiences and moved them into themes. The researcher kept units of meaning in 'sizable' chunks such as sentences, or a series of sentences. This was a conscious attempt to maintain and relay the uniqueness of each participant's disability. In this manner, the researcher attempted to retain the essence as well as the context of each experience identified.

In this study, participants' own words are used to further support and motivate themes and categories. Actual names of participants have been replaced by pseudonyms to preserve their confidentiality and anonymity. Furthermore, participants are referred to in the quotations as 'she/he,' 'her/his,' etc. as applicable.

It should be noted from the outset that emphasis was placed on the experience of the individual as opposed to the disability. This subsequently entailed a move away from any 'grouping' of disability or trend analysis. Furthermore, all biographical information was included purely to inform the reader of the variety of attributes of participants. It should not be seen as a move to categorise or 'lump' groups of disabilities together. Rather, the diversity represented should emphasise the uniqueness of each individual and how disability impacts on all races, genders and socio-economic statuses. It is for this reason that the presentation of findings did not rely on how many participants with a particular disability experienced a particular barrier. For example, the researcher has not expressed findings in terms of five people who were Deaf all experiencing difficulties with emergency procedures. Rather, each individual instance containing an experience relating to a disability was treated with equal merit as no one experience or disability is regarded as more important than another.

4.7 Validity and reliability

Within qualitative case studies, the issues of validity and reliability are very important, as there is reliance on data that is obtained from limited or particular samples or situations (Gray, 2009). In order to eliminate potential bias or preconceptions towards people with disabilities and to be objective, it is important that the issues of validity and reliability be included. This section discusses construct validity, internal validity, external validity and reliability. In defence of the use of personal experiences producing reliable data, Stubbs (in Stone, 1999:261) puts forward that:

There is no basis to assume that a report or piece of research that is well referenced is any more reliable or valid than one that is written purely on the basis of personal experience. In fact the articles I found which drew directly, confidently and critically on personal experience were by far the most informative and inspiring.

4.7.1 Construct validity

Construct validity is especially problematic in case studies due to the difficulties in defining what parameters are being examined (Yin, 2003). Gray (2009) states that the only way to avoid the problems of construct validity is to ensure that the researcher defines the concept, selects the appropriate instrument/data sources, uses multiple sources, establishes a chain of evidence and evaluates the draft case study documentation. Because the study examines the experience of people with disabilities in entering into and remaining in employment in South Africa, the following steps were taken to construct validity. To begin with, concepts and information relating to disability and employment, education of children and youth with disabilities, disability prevalence, discrimination, obstacles and reasonable accommodation were clearly defined in the theoretical framework and the literature review chapters of this study.

The appropriate data sources, namely people with disabilities residing in South Africa, were then selected. In order to encourage divergent lines of inquiry, 72 participants were included in the study for multiple sources of data. A chain of evidence was established during the data collection process, namely through semi-structured interviews with an interview schedule. All data were digitally recorded, transcribed by an independent source and verified by a second source. The reason for the inclusion of an additional source was due to the author being Hard of Hearing and not being able to verify that the data what was transcribed was accurately captured. Drafts of the study were also evaluated by disability specialists in the field.

4.7.2 Internal validity

Within qualitative research there are three main types of validity namely description, interpretation and theory (Maxwell, 1992). Internal validity refers to “whether experimentally the effects observed as a result of the intervention were actually caused by it and not by something else” (Scott, 2000:48).

Descriptive validity relies on full and accurate recording of data, as a threat to validity stems from making inferences when it is not possible for a researcher to witness the event (Gray, 2009). To ensure that descriptive validity took place, all participant interviews were recorded using a digital voice recorder; these were downloaded onto a computer and stored as audio files. The data obtained from these interviews was later transcribed by an independent source and was checked by a second independent source for accuracy. Interviews that were conducted with participants who were Deaf were immediately verified after each interview with participants themselves in Sign Language to ensure that the answer the interpreter had provided was the answer that the participant had provided.

Interpretative validity, according to Maxwell (1992), is often compromised when a researcher imposes their own feelings, understanding or framework of the area of research or towards subject instead of that of the participant. As discussed in Chapter 2, this is especially true for research dealing with people with disabilities as often people without disabilities view people with disabilities from a medical model of disability. Research undertaken from this viewpoint patronises people with disabilities and projects them as being in need of assistance and reliant on people without disabilities. The researcher is a person with a disability and views issues surrounding disability primarily from a social model view, which, in her opinion, is the correct way to approach disability. The technique of reflexivity proved useful in addressing any possible biases and preconceptions. This involved actively engaging in a process of critical self-reflection. Interpretative validity means that the researcher accurately gives the picture of the meaning given by the participants to what is being studied and is ultimately a matter of inference from the words and actions of the participants in the study. Taking this into account, the researcher was confident that she portrayed the meanings given by the participants to the research topic. At the end of each interview the researcher provided participants with her contact e-mail and telephone numbers, in the event that they wanted to contact her to add, retract or clarify information. In general, participants were eager to share their life stories and some were moved to tears during the sharing of their experiences. Many participants provided the researcher with the contact details of other friends and people from disability organisations and in employment and encouraged her to contact them and set up an interview. This surprised the researcher, as she did not ask for this information but was happy at the positive response for participants to be better represented in research.

Theoretical validity is threatened when insufficient focus has been placed on gaining a holistic view of the subject from a variety of data sources and other studies conducted in the area. In order to address this issue, a variety of participants sharing the same disability type were selected. In addition, data were analysed in full data sets and care was taken not to take participants' transcribed experiences out of context.

In this research, theoretical validity may have been weakened due to the inability of the researcher to physically revisit the participants, due the large geographical area that the participants resided in (seven out of the nine provinces of South Africa). In order to address this, participants who were hearing were encouraged to telephone, fax or contact the researcher via e-mail if they had any questions or additional information. Participants who were Deaf or experienced difficulties with verbal communication were encouraged to make contact via SMS, fax and e-mail if they needed to.

Researcher bias arises when the researcher allows her own personal opinions and predispositions to influence the data collection and interpretation processes. This also occurs when the researcher focuses on specific areas of information and observation (Maxwell, 1992). It differs from interpretive validity as that relates to the researcher accurately portraying the participants meaning to the research topic. In order to prevent *researcher bias*, which threatens validity, the researcher ensured that all interviews were recorded using a digital voice recorder. For participants who were Deaf, all interviews were conducted in South African Sign Language and were voiced over by a Sign Language interpreter who the participants were comfortable with. After each interview, the interviewer requested that each answer that was voiced over by the interpreter be repeated back in Sign Language to the participant who was Deaf to ensure that the correct meaning was translated. Participants who were Hard of Hearing or experienced barriers with verbal communication were also voice recorded but their answers were repeated back by the interviewer either verbally, using annunciation, or via writing to ensure correct answers were recorded. To combat research bias further, the researcher once again made use of the strategy of reflexivity as explained above.

Reactivity has to do with the influence the researcher has on the setting or individuals involved in the study. In order to address this, the researcher ensured that permission to

conduct the research was granted by all participants. The researcher informed the participants of the background to the study and why, as a person with a disability, this research was important to her. Each participant was told that the interviews were confidential and that their identities, the names of the educational institutions and employers would not be made known. In addition, the researcher told them that the interview questions were just a guide and that ultimately, the researcher was interested in their life stories, examining their experiences entering into and remaining in employment in South Africa. The researcher ensured that the language used in the questions was, as far as possible, explicit and unambiguous. Furthermore, the researcher aimed to keep the interviews as natural and flexible as possible, and ensured that they occurred in settings where participants felt most comfortable. The researcher gave participants the choice of where to meet and many selected to have interviews conducted in their homes and in coffee shops away from work. This was in order not to be overheard by employees or employers or to be distracted, as much of the information given was confidential and of a very personal nature.

4.7.3 Generalisability

Generalisability, also known as external validity, is one of the most problematic issues within the case study approach (Gray, 2009; Yin, 1994; Cook and Campbell, 1979). The main problem is whether the findings from case study research can be generalised beyond the study, whether causal relationships can be generalised to different measures, persons, settings, and times (Schofield, 2000). Generalisability can be defined as the “extent to which it is possible to generalize from the data and context of the research study to broader populations and settings” (Hedrick, Bickman, and Rog 1993:40). According to Gray (2009), the issue is that the data obtained in a case study may not represent the population as a whole. To address the issue of generalisability, the researcher has provided detailed descriptions of the theoretical framework as well as the research procedure, including lessons learned in the pilot study. Furthermore, the researcher has left an extensive audit trail in the form of recorded data, transcriptions of interviews, field notes and data analysis that provides a “rich, thick description” (Babbie and Mouton, 2001:283). It is anticipated that this would enable anyone interested to reach the conclusion that the outcomes of the study are generalisable.

4.7.4 Reliability

According to Gray (2009), if the findings and conclusions of one researcher mirror those of another independent researcher conducting the same research, then the conditions for reliability have been met. Yin (2003) believes that case study protocols and case study databases are crucial, as these force researchers into thinking about the final result as well as the intended audience. In this study, the biographical data obtained from each of the transcribed interviews were categorised in a large Excel spreadsheet. As mentioned earlier, the data from participants' interviews were transcribed and then verified by two external sources. The answers to questions that participants who were Deaf, provided through the use of interpreters, were verified with participants straight after the interviews. All data was separated into themes relating to the research questions. Furthermore, detailed descriptions of the theoretical framework and research procedure were presented in the study. It was anticipated that these would enhance the reliability of the findings of the study.

4.8 Ethical considerations

This study aimed to follow the ethical principles of social research that includes that the participation in the research be voluntary; that no harm as a result of the research be done to participants; that the identity of participants remain as far as possible anonymous and their confidentiality respected in the research findings; that honesty be maintained to the participants and scientific community at which the study is aimed; and lastly that appropriate ascription of authorship is observed (O'Leary, 2004; Babbie and Mouton, 2001; Miles and Huberman, 1994).

It is vital that a researcher gains informed consent from all participants in a research study. If information is collected without the respondent knowledge, willingness, and expressed consent, the researcher may be seen as being unethical (Kumar, 1999). Informed consent

implies that subjects are made adequately aware of the type of information you want from them, why the information is being sort, what purpose it will be put to, how they are expected to participate in the study, and how it will directly or indirectly affect them (Kumar, 1999:192).

The participant's decision to participate in the study needs to be voluntary, that is, made without any form of pressure, deceit or coercion. In addition, the participant needs to be made

aware that they have the right and freedom to choose not to assist the researcher in the study, as well as choosing to discontinue their involvement in the study at any time, if they so wish.

As discussed earlier, permission to conduct the interviews for this research was gained from all participants and they participated in the study voluntarily. Each participant was given a covering letter, based on Kumar's outline (1999), beforehand. This letter explained the following: the researcher's background information (name, university and degree completing); explanation of the aim and area of the study; motivation for the undertaking of the study; the need for the participant's input; a copy of the questions that would be asked during each interview; the fact that involvement in the study was voluntary and that, as far as possible, the identity of the participants and the organisation would be kept confidential. The contact details of the researcher were provided so that the participant would be able to ask questions, comment, make recommendations or obtain clarification on any point, if they so wished. The University of Cape Town's ethics form was submitted and approval to conduct the research was granted.

4.9 Limitations of the study

A number of limitations were present in this study. Firstly, there was a lack of reliable statistical information on the number of people with disabilities in South Africa (see Chapter 3). Secondly, there is a paucity of research regarding the employment of people with disabilities in the South African context. To address this, the researcher attempted to incorporate the research that was available into the study, and furthermore, maintained an awareness of gaps in research in South African context so that these could be explored within the study where possible. The researcher also made extensive use of available research from other countries on the topic.

As the aim was to examine the experiences of people with disabilities entering into and remaining in employment, many issues directly relating to people with disabilities, such as health care, were only touched on superficially, or omitted completely, as they were not specifically outlined in the research questions. During the conceptualisation of this study, the researcher would have liked to interview the employers and fellow employees to examine their experiences of the integration and retention of people with disabilities in their

workplaces. However, it was felt that this information detracted from the main focus of the research, which was primarily to examine the experiences of people with disabilities.

Due to the wide geographical location of participants that were included in this study (across seven of South Africa's nine provinces), 63 of the interviews were conducted once-off. The remaining nine participants were interviewed twice, due to them wanting to add further information, and the availability of the researcher to continue the interview. Participants were only able to ask questions or add information via telephone, fax, e-mail or SMS after the interview was concluded.

Finally, the participants who were Deaf opting not to have their interviews conducted in Sign Language and being video-recorded, and rather choosing to make use of the services of Sign Language interpreters during interviews may be seen as a limitation. The participants selected interpreters who were not professional; rather they were friends, family or unqualified interpreters. In order to verify participants' answers, the researcher had to repeat each answer back to the participant in Sign Language after the interpreter voiced-over their answers from Sign Language into English, as there is no a word-for-word direct translation from Sign Language into English.

Conclusion

This chapter addressed the overall design and methodological approach to this study and explained the use of an exploratory case study as research strategy, within a qualitative framework. It defined the study sample, namely, on what grounds people with disabilities were selected. The selection of methods of data collection, data reduction, coding and analysis were then explained. Issues of construct validity, internal validity, generalisability, reliability of the study were included, and the measures that were taken to address these were identified. The chapter concluded by including the ethical considerations that were taken and provided the limitations of the study.

Chapter 5

Research findings and discussion

The following chapter, research findings and discussions, is divided into three main segments. The first, *Preparation for employment*, introduces the importance of onset of disability to the study as a whole, describing the fundamental difference between congenital and acquired disability and how this directly impacted on the education received by the participants. This section also examines whether education in a special or mainstream educational stream influenced participants' entrance into higher education as well as employment integration and retention. The second main section of this chapter examines employment integration, while the third section examines the retention experiences of participants in employment. Both these sections examine whether participants' findings in this study concur or differ from literature discussed in chapter four of this study.

Research findings and discussion		
Preparation for employment	Integration in employment	Retention in employment
Disability onset	Integration findings	Retention findings
Primary/secondary education	Integration discussion	Retention discussion
Higher education		
Education discussion		

5.1 Preparation for employment of people with disabilities in South Africa

5.1.1 Disability onset

This section of the chapter presents the findings relating to the onset of disability experiences on participants in this study. It is followed by a short discussion linking these findings to existing literature on the topic from the literature review chapter of this study.

5.1 Preparation for employment			
Disability onset	Primary/ Secondary education	Higher education	Education discussion
Findings	Background	Background	Primary/secondary discussion
Discussion	Special school	Entrance into institutions	Higher education discussion
	Mainstream school	Debate around disclosure	
		Experiences on campus	
		Disability units and support	
		Assistive devices and materials	
		Lecturer and staff attitudes and support	
		Examinations	
		Disclosure	

5.1.1.1 Disability onset findings

It was found in this study that the onset of a person's disability played a major role in their integration and retention in employment as it has a direct impact on the individual's acceptance of their own disability. Furthermore, the onset of disability generally determined what type of education, including special and mainstream, the participants received, as well as the level and quality of that education. This in turn, had a direct impact on their integration and retention in higher education and employment. Of the 72 participants represented in this study, 54% acquired their disabilities after birth (known as acquired or late-onset), and 46% had congenital disabilities, which came about either *in utero* or during birth. The following section examines the experiences of participants in this study with regard to the onset of disability.

When it came to acceptance of their own disabilities, it was found that there were major differences in experiences between participants with congenital disabilities and those who had acquired their disability later in life. In general, participants who were born with disabilities had accepted their disabilities by the time they entered employment. *"I have never known life any other way. I don't know what it is like to not have a disability"* (Xander).

A participant with a visual disability stated, *"Ya it would be nice to drive a car and be independent. Not have to rely on sighted people but that's ok. That's just the way it is"* (Jack).

On the other hand, the majority of participants with acquired or degenerative disabilities experienced many challenges accepting their disabilities. Participants with acquired or degenerative disabilities experienced feelings of disbelief at their disabilities and many asked ‘Why me?’ The majority had no understanding about their disabilities, felt overwhelmed, did not know what to expect and as a result felt as though they were unable to cope with their disabilities. A participant with a newly acquired visual disability expressed his difficulty adapting, feelings of disbelief and not wanting to speak about his condition,

I really don't understand my eyes, because sometimes I can see a small little thing on the floor. I just feel why this is happening to me and now? I still have to adapt. In the beginning I didn't feel like talking about it, because when I start talking I would start crying[participant started to cry uncontrollably during interview](Sabu).

A participant who had his first Epileptic seizures during his first year at university shared similar experiences, ‘Suddenly it was like the flood gates being opened and being totally lost in a way, being overwhelmed. I had a total feeling of being unbalanced. Not knowing’ (Jed).

Many participants felt that they could not cope with their newly acquired disabilities, especially in the early days and months. Some expressed feelings of vulnerability relating to requiring assistance from employers, employees and customers on the one hand, but not wanting to disclose that they had a disability due to fear of stigmatisation. A participant with a newly acquired visual disability experienced challenges with identifying merchandise, as well as requesting assistance while working at a cigarette kiosk. He shared how vulnerable he felt.

I have problems, especially when they send me customers to fetch them their cigarettes. I don't want to tell everyone about my problem, so I just ask the people ‘Can you just give me the special Mild?’ and they ask ‘Can't you see?’ I don't feel like going to work, but I have to work and I just go back every time (Sabu).

A number of participants experienced stages of isolation as it took them many years to accept that they had a disability and many were in denial and avoided confronting or acknowledging their disabilities. Sizwe expressed, “I refused to acknowledge that I was Epileptic. I didn't want to take my tablets.” Zach, who lost his hearing suddenly, shared that, “For a long stage I was in denial about becoming deaf. I would live like a hearing person.”

Some tried to ignore their situation completely, “I was in avoidance. Just ignore the illness, it will go away. It didn't” (Sid). This participant also shared the common theme of experiencing

stress through losing control over one's life. He suffered from Multiple Sclerosis (MS), a degenerative condition and being sent from one medical specialist to the next, feeling like a 'lab-rat' in order to obtain a diagnosis and a treatment plan was extremely stressful, *"This was very traumatic and out of my control."*

An interesting finding uncovered that often the emotional and psychological aspects of disabilities were more powerful than the physical aspects. Sid further noted how powerless and frightened he felt as each passing MS attack left him with less mobility, *"It moved up in my legs and then up to my diaphragm and then it started with my arms and my hands. It is the total confusion of what is happening to you. I think the emotional and psychological side of it is much more powerful than the physical side of it."*

A few participants expressed that their greatest fear relating to their disabilities was their prospects of future employment, *"It is the question of would you be able to go back to work? Will I be able to support myself?"*(Sid). Others worried about being stigmatised in employment, feeling that they had to work extra hard to prove themselves, and being anxious about having an attack, seizure or 'outburst' in front of employees. A participant with a psychological disability shared, *"The fears of having people not like me because of it. It is the biggest thing as you always tend to be a bit of a freak. I think it is sometimes irrational to try and consistently prove to everyone that you are good"* (Sizwe). This anxiety of not wanting to appear different was also experienced by participants with Epilepsy who feared having seizures in front of employers and employees *"How would I handle it? There is always that fear of what if I have one? It will set me back"* (Pam).

5.1.1.2 Disability onset discussion

The literature review in the study did not cover the topic of the impact of onset of disability in employment in great detail as there was little global and South African literature available in this area. However, it was found to play such a major role in the employment integration and retention of the participants in this study that the author felt it was essential to focus on it in the findings. Barnes and Mercer (2005) identified that the onset of disability will have a significant influence on the working career path of people with disabilities. It is felt that this study has broken new ground in the South African context regarding the impact of onset of disability on the education and employment of people with disabilities. It was found that

participants with congenital disabilities exhibited a greater acceptance of their disability than those who acquired their disabilities. On the other hand, the majority of participants with acquired disabilities went through many emotions and experienced many difficulties before accepting their disabilities.

The data from this study suggested that participants who acquired their disability while in employment required a lot of support in terms of returning to work and remaining there. One major challenge that arose related to returning to the same job position, even though it is incumbent upon employers to accommodate new positions for employees who developed their disability at work and cannot continue in their existing positions (ILO, 2002). While some participants were accommodated in this regard, many were discriminated against and unfairly dismissed. There is a shortcoming in existing employment equity policy as it only caters for people who acquire their disabilities while in employment, excluding those with congenital or existing disabilities (DOL; 2003; DOL, 2002).

A further challenge facing people who acquired their disability while in employment was coming to terms with their 'new' disability. Their experience of denial and not coping with their disability affected their ability to work. This extended to feelings of extreme anxiety about appearing different and not fitting in with fellow employees. This stress had a direct effect on the issue of disclosure of disability. In particular, participants who developed a degenerative condition over time felt they were in a Catch-22 position. They were unsure as to whether they should disclose their disability because they were afraid of losing their job or other stigmatisation. Findings revealed that major challenges related to responses of employers and colleagues at work. Disclosure is explored further when discussing integration and retention in employment later in this chapter.

5.1.2 Educational experiences in primary and secondary settings

5.1.2.1 Background

Similar to the onset of a person's disability, as discussed above, it was found that the education a person with a disability receives has a sizable impact on their future integration and retention in employment. The first part of this section examines participants' experiences in primary and secondary education in special schools, mainstream schools and in a combination of both streams. The second part is devoted to participants' experiences entering

into and completing tertiary education at higher education institutions and how this, participants expressed, linked to employment opportunities.

In this study participants were asked to identify the system of primary and secondary education they received and whether this occurred in a special school for children with disabilities, a mainstream school where children with disabilities were educated alongside children without disabilities, or in a combination of both educational streams. Figure 5 reveals that 49% of participants in this study attended a mainstream school where children with disabilities were educated alongside children without disabilities. It shows that 43% of participants attended a special school specifically for children with disabilities, while 8% attended both a special and a mainstream school.

Figure 6 indicates that 61% of participants with congenital disabilities (those who were born with their disabilities) attended a special school, while only 29% attended a mainstream school, and 10% attended a combination of both streams. Figure 7 shows that 64% of participants who acquired disabilities later in life attended a mainstream school alongside children without disabilities, 29% were educated in a special school, while only 7% attended a combination of both streams.

As mentioned above, participants in this study received education in either a mainstream or a special school, or in a combination of both streams. Their experiences have been divided into three segments. The first segment examines the experiences of participants who attended special schools, the second segment relates to those who attended mainstream schools, and the third segment relates to those who moved from a special school to a mainstream school or vice versa.

5.1.2.2 Experiences in special schools

This section provides the experiences of participants with congenital disabilities or those who acquired their disabilities within their first few years of life that attended a special school exclusively for children with disabilities. A number of participants shared that their time spent in special school was positive in terms of being able to socialise with other children with similar disabilities, being understood by others who shared similar disabilities and life experiences, and being taught by teachers who had empathy for children with disabilities.

This was especially true for many participants who were Deaf who expressed that they felt more accommodated in schools for the Deaf because they were able to communicate in Sign Language than at home with their parents. One participant stated that this may have been due to her having resided in the school hostel from the age of three years old.

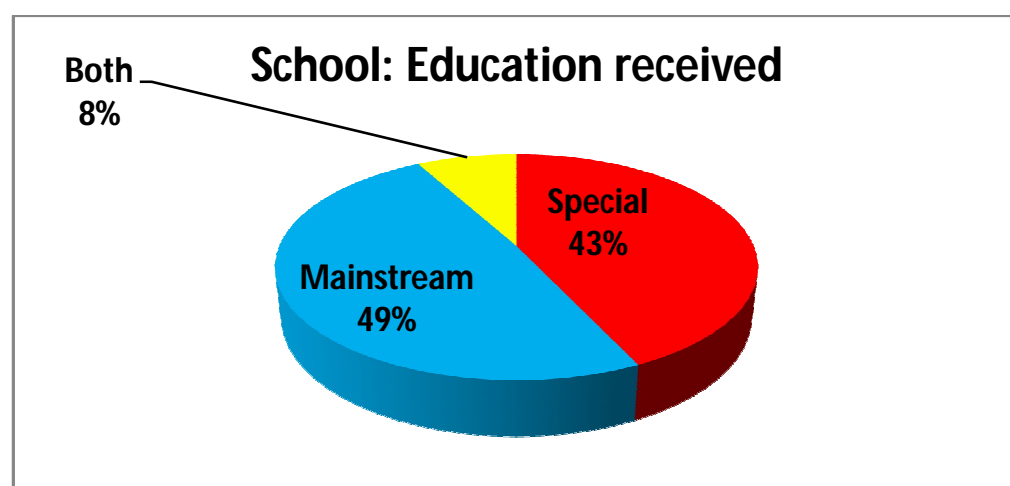


Figure 5: Education received

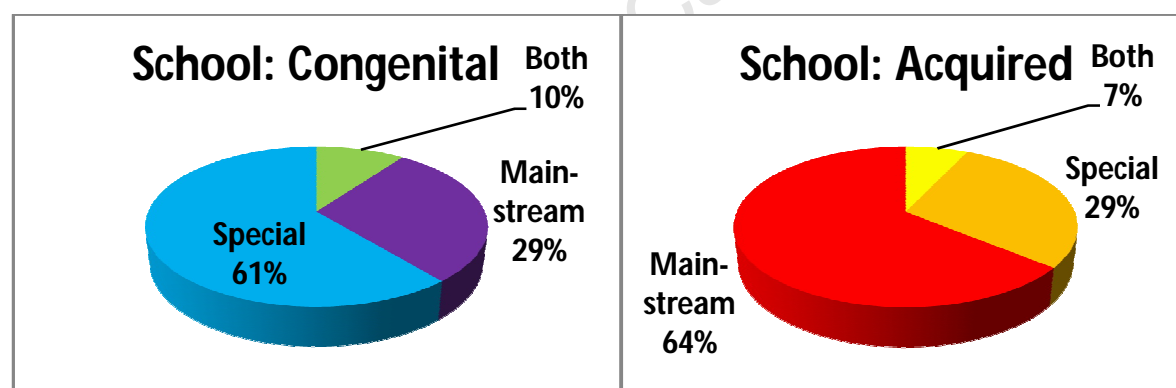


Figure 6: Congenital disability education received

Figure 7: Acquired disability education received

A few participants who were Deaf highlighted that they had access to adult Deaf role models while attending these schools. They shared that this was key for learning Sign Language and about Deaf culture. A few participants moved to a special school after their conditions deteriorated or they acquired a disability as their specific needs were better accommodated there. Tali shared that *“the move to [name of special school] was more accessible. I felt much better because there were people that I could relate to, the disabled ones.”*

In contrast, many difficulties and challenges were experienced at special schools for black children with disabilities, particularly in the apartheid era. Many noted that this was, in their opinion, due to them not having access to resources, therapy, teachers who had specialist training, large class sizes and children with multiple disabilities being admitted without support or resources. Ava shared her experiences, *“I think that they just thought they wanted to have one central high school for the disabled. They just dumped everyone in a provincial school. It was quite bad.”*

Both black and white participants however, noted that they felt they had limited subject choices in special schools, most of which were ‘skills-based’ institutions as opposed to being academic. Furthermore, a number of their schools did not offer education to matric/Grade 12 level. Tim stated, *“I was in a special class to standard five and then went on to standard eight. There wasn’t any matric.”* Moreover, the special schools that did reach Grade 12 did not offer subjects on higher grade, which participants felt negatively influenced their access to higher education and careers. *“I wished I had other options for subjects which would have helped me later after school for a job”* (Thuli). Ganu further expressed that, *“Companies won’t hire that person because of the subjects.”*

To conclude, many participants enjoyed attending special schools as they were educated with other children with disabilities and by teachers who had empathy. However, others were angry that they had received an inferior education in terms of subject choice, levels and grades offered, which they felt negatively impacted on their ability to access higher education and employment opportunities.

5.1.2.3 Experiences in mainstream schools

This section illuminates the experiences of participants who attended mainstream schools alongside their peers without disabilities. A few participants acquired their disabilities while attending a mainstream school; some were able to remain at the school, others moved to a special school, and one dropped out of school completely. Zama attended a mainstream school as there were no special schools available, *“I went there because there was no alternative. There was no high school for disabled people.”* Two participants with physical disabilities moved from a mainstream school to a special school purely because it was residential and they would not have to walk long distances to get to school each day. This

was due to there being no accessible transportation available to them. Tali expressed, *“Walking is the main reason why I went to [special school]. If [mainstream school] was nearer I wouldn’t have gone there.”*

Many participants who attended mainstream schools believed that they would not have received an adequate education in a special school, and that they would not be able to attend a higher educational institution. In addition, some mentioned that they felt having the name of a special school on their curriculum vitae may negatively influence their employment opportunities when applying for work. Kate expressed, *“I am happy I went to a normal school as the disabled schools don’t give good education.”* Piet was determined to get a mainstream education despite being stabbed in the spine resulting in quadriplegia while in Grade 11,

It was difficult. I had to rely on other members to push and lift me around. The focus was to get education. I have parents at the time, but sooner or later my parents are going to leave this world and there won’t be anyone to look after me. I wanted a matric.

Some were less fortunate. Asha shared, *“I was able to go to a mainstream school and cope as any other child my age, but when my sight started to deteriorate and because the school was not equipped I dropped out of school and literally stayed at home.”*

Participants spoke about their teachers and the accommodation that they made for them during their teaching. Some had positive experiences where they expressed that their teachers were kind, caring and supportive to their needs. Sam who had a deteriorating visual disability shared, *“They started realising that it was easier for me if they would dictate. So a lot of the lessons became dictation.”*

However, the majority experienced difficulties in this regard. Fay, a participant with a hearing disability, could not lip-read when her teachers turned their back on her. She expressed her frustration and shared, *“The teachers did not accommodate my needs. No! It was just make do or talk to your friend or whatever.”* Many suffered from a lack of assistive devices and technology available in mainstream schools, *“There was nothing I could do about map work. There was no accommodation. So I just had to learn as much of the theory as possible and make sure I did well in everything else. I’d just listen well”* (Dumi). Those with physical disabilities in particular, felt excluded from certain class and extra-curricular activities, while

some with visual disabilities became lost during written board-work activities where their teachers made use of media that was not accessible to them.

The data also revealed the vulnerability and uncertainty experienced by pupils with disabilities attending mainstream schools. A number of participants did not know that they were entitled to accommodation and were unsure of the procedures required in accessing the accommodation they required, *“It was very complicated for me because I did not know what I could or couldn't ask for. Besides also did not know what is out there, and this is tied up with my own feelings of anxiety and inadequacy and not working hard enough and it is my fault etc” (Tina).*

Besides lack of accommodation, many participants felt discriminated against due to their disabilities and their time at school was a lonely and isolating experience.

Bella shared how her teachers' negativity towards her still impacted on her today, *“It is very important that children aren't told to their face that they are mentally retarded. It doesn't do anything for your self-confidence. Because it came from an adult, especially an adult who was an authority figure, I believed it for a long time.”* Kim shared how, as a teenager, she was teased because of her limp when walking by some of the children in her class *“High school was the most traumatic experience of my life. I was self-conscious about it. I used to find that people would imitate my walk.”* However, few participants responded more positively, Ayla felt accepted by her peers and enjoyed being in a mainstream classroom, *“Most of the people they were friendly and accommodating.”*

To conclude, a number of participants expressed that they were glad that they had attended a mainstream school. They expressed that they would have not had the same academic opportunities had they attended special schools for children with disabilities, and that this would influence their ability to attend a higher education and their employment opportunities. On the other hand, many highlighted difficult experiences in mainstream schools relating to teachers who did not have an understanding about their needs and discriminatory attitudes towards their disabilities.

5.1.3 Educational experiences in higher education

5.1.3.1 Background

Participants were asked to provide background information relating to whether they attended a higher educational institution and if so, to share some of their experiences as students with a disability. Figure 8 shows that 51% of participants in this study attended a higher education institution after completing their primary and secondary level education. Of this percentage, 72% had acquired disabilities while the remaining 28% were born with their disabilities.

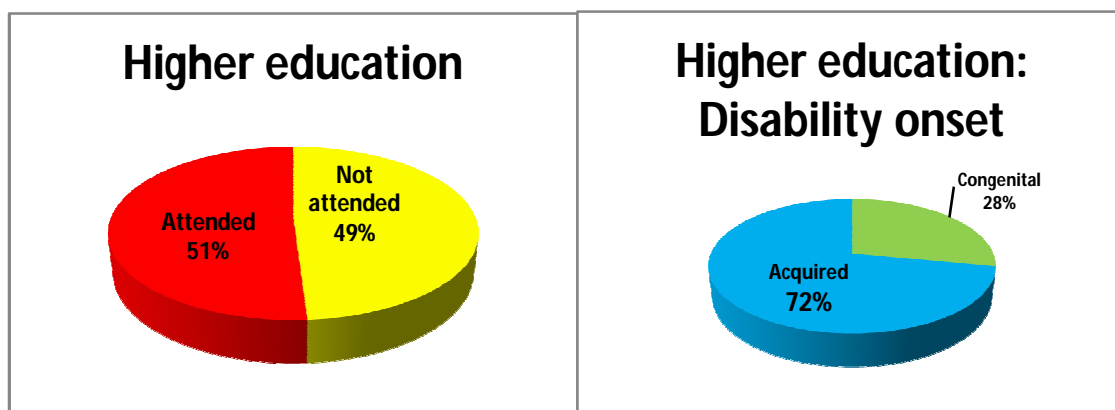


Figure 8: Percentage attending higher education, and disability onset percentage

When examining the number of years that participants attended higher education institutions, two participants with congenital and two participants with acquired disabilities remained at a higher education institution for one year (see Figure 9). Reasons provided included enrolling for a one-year short course only, while another reason was dropping out after the first year of study due to a lack of support. There were 14 participants with acquired disabilities who

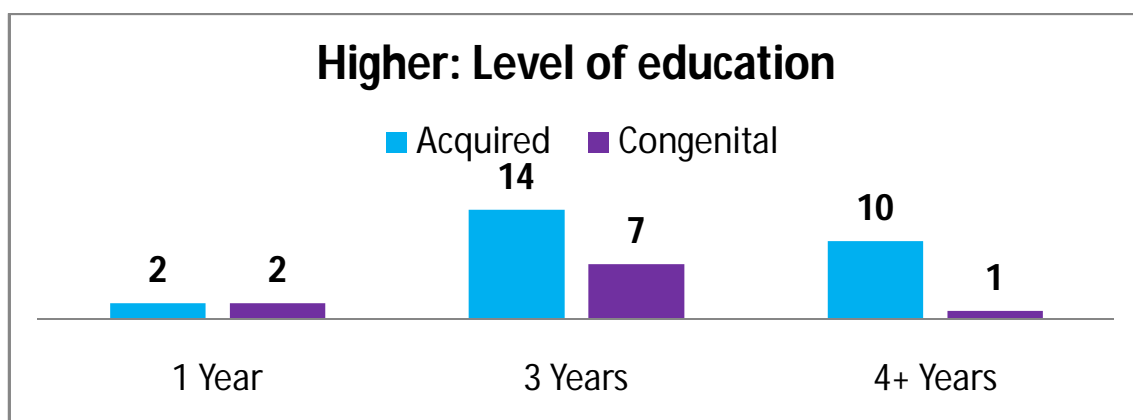


Figure 9: Level of education received

Completed a three-year study compared to the seven participants with congenital disabilities. Ten participants with acquired disabilities completed four or more years of studies at a higher education institution while only one participant with a congenital disability did.

Reasons for these differences include some participants acquiring their disabilities after completing their studies, or after they had completed more than one year of studies, while some participants with degenerative conditions were able to complete a number of years studying before their condition deteriorated. Two of the participants in this study who had congenital disabilities that attended a higher education institution, were only able to access these institutions as mature students through recognition of prior learning. Both stated that they felt they would not have been admitted if it had not been for their maturity and work experience, as their subjects and grades were not suitable for regular admission. An additional factor was that some of participants with congenital disabilities who attended a mainstream school completed a matric with subjects and levels that allowed them to meet the entrance requirements for higher education access. Participants with congenital disabilities who did not attend a higher education institution stated that they did not have the necessary matric results or subjects required to be accepted. This concurs with current literature on the situation in special schools in South Africa (Howell, 2005).

5.1.3.2 Entrance into institutions

When applying to study at higher education institutions a number of participants shared that they were prevented from selecting the subjects that they wanted to study due to preconceived ideas about their abilities according to their disability categories. Xander shared his frustrations, *“There were really a few things available for blind students. One could go and study law, one could go into ministry, or one could do piano. I am a people’s person and I wanted to do physiotherapy.”* Others stated that they experienced difficulties being accepted because they had disclosed that they had a disability on their application forms. However, most of the entrance challenges experienced were due to the preconceived and stereotypical ideas of institutions regarding the capabilities of students with certain disabilities. Lisa shared, *“I had a meeting with a professor and I showed him my results, but he wasn’t happy with me being deaf. I will not be able to fit in, and he won’t be able to accept me. We had to fight.”*

Sue shared her life-long desire to become a teacher and how this was never realised due to the perceived capabilities of people sharing her disability, *“Nobody thought a blind or visually impaired person could do that. No teachers college would allow me in.”*

Lisa was more fortunate but she was given a term to prove that she could cope, *‘I had to get over 60% for all my subjects and to prove him wrong. I didn’t have a social life, nothing. I was studying, studying and I got in the 70%.’* Thuli shared that, even after obtaining distinctions for her undergraduate degree, she was prevented from enrolling for a postgraduate degree due to the university assuming that she would not be able to cope with the demands of the course. This resulted in her completing her studies at an overseas university where she felt appreciated and she once again obtained a distinction. *“I said to myself these people can’t even appreciate if I had my psychology with distinctions. Here they feel I cannot do it.”*

Sue was told during her initial interview with the rector of the higher education institution, she that even if she were to pass all the course requirements, they would not recommend her to future employers because of her disability. This, she felt, would directly impact on her ability to find employment and left her feeling angry as well as vulnerable. She wanted to be accepted into the institution but was concerned that she may not find employment afterwards. *“This was very difficult for me, but I decided to carry on.”*

5.1.3.3 Debate around disability disclosure during application phase

A number of participants stated that they were in two minds about whether to disclose that they had a disability or not during application. Some elected to disclose upfront in order to access support from the university in the instances that disability units were available, others did not as they were concerned that this may hamper their chances of being accepted, while some did not feel that they needed to disclose as they did not require reasonable accommodation or support. Tess, for example, stated that because she felt that her ability to hear when wearing her hearing aid was adequate and that there was no need for her to disclose her disability, *“I have one hearing aid, I can hear ok, I don’t think I should put this down as a disability. I didn’t quite fit into the disability category. I don’t know what I said but nobody approached me”* (Tess).

5.1.3.4 Experiences on campus

Some participants expressed that they were able to move around campus independently while others required support. *“Getting around campus was pretty easy as I use a cane and had no problem getting around campus”* (Jess). Some participants, especially those with physical and visual disabilities shared that they had to befriend students in order to access the campus and lecture venues. *“I had to make friends with other sighted students, so that I could get assistance there, it was very strange for them to help a person who is blind”* (Thuli). Piet, a wheelchair user, expressed his frustration at having to rely on other people to assist him get to inaccessible lecture venues and campus. In addition, he noted that as much as he felt this was unacceptable, he felt that he did not have the support or energy to pursue the matter further at that stage in his life,

The campus was not accessible at all. I had friends, people that I met there, that fetched me and took me there and back. I remember in one class was on first floor, and they had to lift me around. Maybe at the time my main objective was to get an education. I just said, ‘I know one has to fight for the issue of the disability but now is not the time.’ It wasn’t possible.

The data also uncovered experiences relating to venues at higher educational institutions. While some participants were able to access the campus, the majority stated that they were not accessible and/or negatively impacted on their ability to access their education. Kim felt that the reason that there were not more students with disabilities on campus was due to inaccessibility, *“Certainly, if I was less physically abled, I would have thought twice about going there. Maybe that is why there are no disabled persons there.”* Those with hearing and visual disabilities noted that lecture venues were not always accessible due to poor acoustics and lighting. In addition, they found many lecturers unwilling to accommodate their needs during lectures. Tess, a participant with a hearing disability expressed *“In terms of hearing it always came back to whether the person faced me or not. And that would always come back to me lip-reading. The hall was very important. A big lecture hall would echo. The echo was always a problem. That is horrible.”* Pat had a visual disability and shared her difficulties with seating arrangements, *“I could not sit at the front the same at school because the lecture halls are designed differently. They are bigger and the board would be far from where I sat.”*

5.1.3.5 Disability units and support from institutions

Only a few participants studied at institutions that had disability units to support students with disabilities; the majority had no access to assistance or support. Josh, who had a visual disability, shared his positive experiences, *“The support was very good. They were quite good at getting the information into an accessible format for me.”* Ayla, who had a degenerative condition, shared the assistance that she received from the disability unit with regard to examination accommodation, *“I cannot write now myself so people transcribe for me. I will do my exams and someone will type for me at the disabled unit.”* On the other hand, a number of participants expressed a lack of support and accommodation. Kate, who had a visual disability and required assistance, communicated her feelings of isolation and the difficulties obtaining materials in an accessible format, *“The moment when you register for that course you are alone. It is very difficult to get someone to read for you. People are not even willing to do such kind of thing.”* Jed was diagnosed with Epilepsy and shared it would have been beneficial for the university to have an understanding about his disability, *“I had to find out about Epilepsy on my own and what it’s all about. It would have been good for their own education if they have found that out as well”* (Jed).

5.1.3.6 Assistive devices and materials

While many participants experienced difficulty obtaining lecture materials and notes in an accessible format a large number were forced to make their own accommodation and arrangements in order to cope. The majority of participants had to provide their own assistive devices to be able to function within the higher education environment. Some were provided with tape recording apparatus by the university while others had to purchase these privately. While the majority were given permission to record lectures so that they could reply or transcribe them at a later stage, some received negativity in this regard from lecturers who did not appear to understand the need. Many students with visual, learning or physical disabilities noted that recording lectures was extremely useful. However, it was not always that simple. Zach who had a hearing disability, was unable to hear what was being said during the lecture and therefore he was not able to contextualise the subject matter,

At one stage took a recorder into class and record the lectures to record what was happening and so when I got home my mother would try transcribe it. But it didn't work because when it was written down it was out of context like if the guy was pointing at the book or a drawing was something like that. So when you get back home we cannot put it together.

Findings further uncovered the importance of relying on friends and family to assist with the transcribing and reading of materials if the institution would not make accommodation. Tina expressed, *“My mom would wake up very early about four or five in the morning and read into tape for me and then I would listen and work from that tape in the afternoon.”* Dumi also shared, *“My friends from my class. They would read onto tape for me.”*

5.1.3.7 Lecturer and staff attitudes and support

Many participants shared their experiences relating to lecturers, staff and other students on campus. Some had positive experiences and interactions, some mixed, while others were negative. Tina noted that she received support and accommodation, *“It really all came about from my supervisor. He really drove and opened the debate about me becoming a psychologist in the first place and was very supportive of that.”* The data further uncovered mixed feelings regarding approaching lecturers and staff and requesting accommodation. Some felt comfortable while others did not. More than one participant noted that after disclosing their disabilities and informing lecturers of their requirements many lecturers would forget. This made these participants despondent, drained, stressed and exhausted, and in some instances angry,

I was in a position where I had to get the courage to re-explain to the staff what and why I needed something to get some credibility. This was met with mixed responses, some were accommodating some were not. It was very stressful. It was just such a difficult time and such an amount of wasted energy. Not just in terms of time and real work but also anxiety energy (Tina).

Participants who were required to complete practical modules during their studies experienced difficulties, most of which, they stated, were due to negative attitudes and a lack of understanding by lecturers and staff about their disabilities and capabilities. This was especially true for those who studied teaching, physiotherapy and social work. A social work student with Epilepsy was required to visit patients. He approached his lecturers and informed them of his disability and requested that he be placed near public transport systems for his practical training as he was not allowed to drive because to his condition. He expressed his frustration at his lecturer's unwillingness to accommodate his needs, *“They didn't have any empathy. I asked them how I was supposed to get there and they said ‘well that's your problem. You wanted to study here’”* (Jed).

5.1.3.8 Examinations

Data revealed mixed experiences relating to examinations. Some respondents received support and accommodation such as scribing, assistive devices and separate venues, while others did not. *“I was given extra time for my exams and some of my exams were in large print. Some I wrote on computer and I did them separately”* (Tina). A number of participants completed oral examinations with additional time instead of written ones. Uri, a participant with an intellectual disability noted, *“I would have my own separate time because I would either need longer or shorter. They were very accommodating.”* However, many participants had to request accommodation from differing departments which they found stressful, especially when they were let down, *“You had to go to each department. You had to arrange all that stuff beforehand and do it separately with each department, and with every exam you write”* (Dumi). Others experienced awkward situations when they were provided with accommodation that was not suitable. They did not want to be seen as being ungrateful but at the same they were not properly accommodated. Sam shared how his father assisted in modifying a lamp as the university refused to provide the accommodation he required and how this was extremely difficult for him. *“The exam venue was very dark. The accommodation was there, although unofficial. There was a lamp that my father and I made for me to use. I really struggled.”* While some participants attended institutions that had support for students with disabilities who coordinated examination accommodation, the majority did not.

5.1.3.9 Disclosure

Throughout the study, data produced a lot of uncertainty around the issue of disclosure. Some participants felt that there was no need to disclose as they did not require accommodation or assistance. Others expressed that all students with disabilities should disclose their disabilities and explain their accommodation requirements in a structured manner, *“I do it in a clear and bounded calm way that names the issue. I think that in my favour is my confidence. Many aren't that confident which can create an anxiety which I think would have compounded the disability aspect in my case”* (Tina). Lisa shared that after disclosure the attitudes of lecturers towards her changed for the better, *“They got used to the idea of having a deaf person.”* A number shared that they would only disclose if really required. However, many had negative experiences surrounding disclosure, receiving stereotypical reactions after revealing their disabilities, *“Some people who did know I was having a hearing disability, they would very*

deliberately speak extra loud which was kind of not cool at the same time” (Tess). After disclosing his disability to a lecturer, Sabu was compared to other students with what the lecturer perceived as having ‘more severe’ disabilities, “[Lecturer] told me that I must pull my weight and that it is not that bad. Saying those hurtful things doesn’t make it easier” (Sabu).

To conclude, the participants’ experiences proved both positive and negative, however, the majority experienced difficult challenges entering and remaining in higher education institutions.

5.1.4 Education discussion

This section provides a discussion that links the findings of participants to the literature that was presented in the literature review chapter of this thesis.

5.1.4.1 Primary and secondary education discussion

Some of the findings from this study concur with available literature relating to the education of children and students with disabilities. On the other hand, some of the research findings contradict literature in this area. Findings from this study indicated that when it came to primary and secondary education the majority of participants with congenital disabilities attended segregated special schools where their experiences echoed those found in literature relating to special schools in South Africa. Findings revealed that the majority of white participants with congenital disabilities who attended separate special schools felt that they had received an adequate education. Many commented that they had received therapy and the assistive devices they required and expressed that they had caring and qualified teachers. On the other hand, many of participants who were black stated that they felt that they did not get an adequate education. This, they felt, was due to their attending black special schools during the apartheid regime and not having access to resources, therapy, teachers who had specialist training, and having large class sizes and children with multiple disabilities being admitted. Some highlighted that their special schools did not offer higher grade subjects, education up to matric level or academic subject selections, which they felt prevented them from accessing higher education and negatively influenced their employment opportunities. These findings concur with literature that states that black children with disabilities received an inferior education pre-1994 (Nel, 2007; Engelbrecht et al., 2006; Howell et al., 2006; Dube, 2005; DOE, 2001; Lomofsky and Lazarus, 2001). While the experiences of white participants

attending white special schools were similar to those documented in literature, which states that in general they received a better education than those who were black in special schools, it was still inferior to white children without disabilities in terms of academic subject options, higher grade subjects and educational levels (DPSA, 2001). This exposes the desperate need to address the existing 'special school' scenario that affects people with congenital disabilities. Experiences of black participants attending mainstream schools concurred with literature that states that many children with disability were mainstreamed without the necessary support (Engelbrecht et al., 2006; Howell et al., 2006; DOE, 2001).

Only 33% of participants in this study completed their primary and secondary education after WP6 had been implemented. WP6 (DOE, 2001) and international policies such as *The Salamanca Statement* express that inclusive education "is the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all" (UNESCO, 1994:ix). However, the evidence suggests that all these participants experienced similar challenges to those who received their education pre-1994. This finding powerfully highlights the lack of effective implementation of WP6. Despite this policy being passed in 2001, the implementation process has still not been successfully rolled out; a minimal amount has been done with regard to, inter alia, setting up pilot schools, equipping former black special schools, specialised teaching or curriculum adaptation, school-to-work programmes (Yssel et al., 2007; Engelbrecht et al., 2006; Hayl et al., 2006; Engelbrecht et al., 2005).

Findings identified that a major challenge to the successful implementation of an inclusive education and training system is a lack of teacher training as the majority of teachers are unable to appropriately respond to the diverse needs of learners (Nel, 2007; Yssel et al., 2007; Engelbrecht et al., 2006). There is a huge need for teachers to undergo programmes involving reorientation, support and training and assistance, as well as a fundamental shift in mindsets and attitudes (Nel, 2007; Hayl et al., 2006; Engelbrecht et al., 2005). In South Africa, many teachers acknowledge that inclusive education is a reality but that most of them are not trained to accommodate children with disabilities despite receiving pre- and in-service training and having many years of teaching experience (Nel, 2007; Yssel et al., 2007; Engelbrecht et al., 2006; Hayl et al., 2006; Engelbrecht et al., 2005).

This lack of implementation of *WP6* has serious consequences on two levels. Firstly, it perpetuates the cycle of inferior education of children with disabilities. Secondly, it defeats the recognised goal of long term economic benefit to the state as recognised by the World Bank (2001). Simply put, people with disabilities who are adequately educated will be able to enter and remain in the open labour market, thus reducing the traditional reliance on government coffers in the form of disability grants and other health and welfare services. Additionally, they will bring increased productivity and wealth creation to the private sector thereby increasing government revenue from taxes paid (Jonston and Wilman, 2001). These findings generate the theory that the vast majority of people with disabilities, under the status quo of the current of social security and education systems in South Africa, will not be able to find adequate work or enter into higher education. Until the situation is addressed, and a holistic approach is adopted with regard to strict implementation of inclusion education policy, including improved quality of teaching and school curricula, people with disabilities will remain excluded from South African society. Hence, their opportunities to become employed will be minimal.

Since 1994, South African policy has made a shift from the medical model view of disability, under which children and youth with disabilities were educated in separate facilities, towards an inclusive, social model view of disability. A person with a disability who has no formal education has a 60% likelihood of being in the lowest income category in South Africa, compared to 44% if they had no disability (Schneider et al., 1999). Today, all children and youth are seen as having equal rights and access to education but in reality, many still experience major challenges to education due to a limited understanding of disability, and rights are “restricted to the availability of appropriate resources for support” (Matshediso, 2005:228). Findings in the study support this statement. Thus, while progressive policy like *WP6* embraces the social model of disability, it fails to achieve its objectives due to a lack of implementation and a lack of commitment by the state to adopt it as a recognised act, which would make it enforceable by law. As a result, children with disabilities experience the same obstacles associated with the traditional medical model of disability, which in turn perpetuates existing negative attitudes towards disability and defeats the aims of national policy.

5.1.4.2 Higher education discussion

As discussed above, findings from this study generate the theory that people with congenital disabilities may receive an inferior education to those who acquired their disabilities later in life. As a result, they will find it harder to enter higher education institutions, as well as find work of the same standard as people with the acquired disabilities. Literature supports findings from the study where the challenges that participants experienced in education had a direct impact on their integration into the labour market. If a child with a disability attends a special school that does not offer education beyond grade seven, or does not offer any academic subjects, they are prevented from obtaining a matric exemption. This immediately excludes them from applying and entering into a higher educational institution, as without a matric exemption they will not meet the minimum entrance requirements (Howell, 2005). This was strongly endorsed by the data, particularly in the case of participants who had attended special schools because they had congenital disabilities. The figures show that of the participants that attended higher educational institutions, those with congenital disabilities represented a weak minority (28%).

Many children and youth with disabilities who are not able to attend a higher educational institution are also excluded from employment due to the subjects and curriculum covered which do not prepare them for the skills needed to cope in the open labour market (Howell, 2005; Arthur and Zarb, 1995). The data supported literature as it showed that many participants noted that a major obstacle was a lack of subject choices, subject levels and grades offered in special schools (Howell, 2005). This results in many people with disabilities not finding employment and remaining dependant on the government's disability grant.

As mentioned, findings revealed that 37 participants (51.3%) in this study attended a higher education institution. At first, this finding appears to contradict literature which states that children with disabilities, especially those who attended special schools, received an inferior education resulting in a lack of integration into higher education institution (Helldin et al., 2011; Engelbrecht et al., 2006; Swart and Pettipher, 2005; DOE, 2001). Literature emphasized that black children with disabilities in particular, received the most sub-standard education in special schools, as well as those who were educated in mainstream schools without the necessary support. In order to provide possible reasons for the contradiction the

researcher examined the type of disability onset to see whether this had an impact on the research findings.

Further investigation revealed that of the total number of participants who attended a higher educational institution, only 12 participants (32.4%) had congenital disabilities. Of these, six attended a special school only; four attended a mainstream school only; and two attended a combination of both educational streams (see Table 1). Of the six participants who attended special schools, four of these were black and subsequently received the lowest standard of education in South Africa. What is interesting to note is that of these four participants, one attended a university in America where he completed a two-year bridging course to assist him in meeting the entrance requirements of a university; one attended a special school after 1994 where it is possible that the education he received was at a higher level than those who attended special schools under the apartheid era (Helldin et al., 2011; Engelbrecht et al., 2006; Swart and Pettipher, 2005, DOE, 2001); while one participant attended a teacher training college specifically for black teacher training students pre-1994. As discussed earlier in the literature review, the entrance requirements and education level within these teacher training institutions for black teacher training students was very low; this served to reinforce the negative cycle of inadequate education in schools for black learners during apartheid (Engelbrecht et al., 2006; DOE, 2001). The last participant dropped out of his studies after the first year citing a lack of support at the institution as the primary reason, which concurs with literature that shares that many students do not receive adequate support from lecturers, staff and disability units (FOTIM, 2011; Howell, 2005).

Of the four participants with congenital disabilities who attended a mainstream school, two were white and received their education in a white public school. Of the remaining two black participants, one received his education after 1994, while the other attended a teacher training college for black teachers. Of the participants with congenital disabilities who attended both educational streams, both black participants attended mainstream high schools as there were no high schools for black children with disabilities in their provinces at the time. Both these participants completed a diploma in education at colleges for black students. Hence, further investigation revealed that there were specific reasons why certain participants who received an inferior education managed to attend a higher education institution. Some undertook bridging courses to improve their education while others entered a higher education arena

that is of a very low standard and did not require high entrance qualifications. Subsequently, the findings ultimately concur with literature in that children with disabilities are at a disadvantage regarding reaching higher education.

Table 2: Onset of disability, educational placement, and race

Onset	School	Race	Number
Congenital	Special	White	2
Congenital	Special	Black	4
Congenital	Mainstream	White	2
Congenital	Mainstream	Black	2
Congenital	Both	White	0
Congenital	Both	Black	2
Acquired	Special	White	1
Acquired	Special	Black	4
Acquired	Mainstream	White	13
Acquired	Mainstream	Black	5
Acquired	Both	White	1
Acquired	Both	Black	1

When it came to the 25 participants (67.6%) with acquired disabilities who attended a higher education institution, only seven attended special schools. Of these seven participants, two were white and five were black (see Table 2). Of these black participants, one acquired his disability after 1994; and three of these participants studied to be teachers at a teacher training college for black teachers. This suggests that more people with acquired disabilities attend higher education institutions than those with congenital disabilities.

The vast majority of participants with acquired disabilities, namely 18 (72%) attended mainstream schools. Of these, most acquired their disabilities after completing matric. A small number of participants with degenerative conditions were still able to complete matric at a mainstream school because their impairments did not have too great an impact on their ability to cope. Of the 18 participants, 13 participants were white while five were black. While the experiences of black participants echoed literature relating to many challenges in mainstream education, especially regarding the provision of support and assistive devices, a number of them shared that they were able to meet the entrance requirements and access higher education. This finding was supported by literature that stated that by attending mainstream schools, some children with disabilities had access to wider subject choices, and

higher subject levels and grades than those in special schools (Howell, 2005; Peel, 2003; DOE, 2001).

Of the two participants who attended both special and mainstream schools, one (who was white) moved to a special school after her degenerative condition deteriorated. This particular participant attended night school after completing her matric at a special school, in order to gain the necessary marks and subjects to enter into a higher education institution. This finding concurs with literature that states that even white children with disabilities experienced an inferior education that impacted on their ability to further their education (DOE, 2001; DPSA, 2001). The second participant (who was black) dropped out of a mainstream school for a number of years as she was unable to cope, and only returned to a special school to complete the last three years of her schooling. While this finding echoes that of literature that showed that many black children repeatedly failed and dropped out of the education system completely (DOE, 2001), the participant attributed her success to three teachers who believed in her ability to pass her matric and enter a higher educational institution.

As discussed earlier in this chapter, when examining the level of education that participants attained at a higher education institution, 11% completed a one-year course of study; 58% completed a three-year course; while 31% completed a four or more year course (see Graph 10). 50% of those who completed a one-year course had acquired disabilities while the remaining 50% had congenital disabilities. When it came to those who completed a three-year study, 67% had acquired disabilities and 33% had congenital disabilities. Finally, 91% of the participants who completed a four or more year study had acquired disabilities and only 9% had congenital disabilities. It should be noted that this 9% represented only one participant, which shows the paucity of people with congenital disabilities completing or achieving high level qualifications. These figures above further support the theory that people with congenital disabilities are at a major disadvantage with regard to the education they receive, as discussed in onset of disability above, and that very few of them will be fortunate enough to achieve a higher education.

Research also suggests that the phenomenon of negative attitudes towards disability extends to entering and remaining in higher education (Howell, 2005). The data strongly supported

this, so much so that some participants were reluctant to disclose their disabilities when entering higher education institutions to avoid stigmatisation. Retention within higher education is also challenged by a lack of accommodation for the needs of students with disabilities in terms of support and practical issues such as accessible venues. With regard to this, participants experienced a severe lack of commitment from higher education institutions. Furthermore, participants noted that the term ‘accessibility’ does not only refer to physical environments but also applies to access to information and institutional support. Howell (2006) recognises the importance of “epistemological access”, referring to what is being taught in the lecture hall, over and beyond the “formal access” which pertains to a physical, barrier free environment (Howell, 2006:13). She notes that formal access does not always lead to epistemological access and further stresses that the latter is “central to a conceptualisation of what equity for disabled students meant in the context of higher education” (Howell, 2006:13).

Participants were also challenged by the negative attitudes of lecturers and students without disabilities on campus. These attitudes lead to participants experiencing a sense of isolation on campus. In order to cope, many of them developed creative strategies to get the assistance they required. One example of this saw participants with visual disabilities feeling ‘forced’ into making friends with sighted students who could help them access the campus and lecture venues, as well as assist them with readings and transcriptions. This however, was not sustainable, often forcing them to rely on family for assistance or fall behind in their studies. These findings uphold literature that has identified a lack of understanding and support for students with disabilities (Howell, 2005).

In conclusion, the findings exposed the fundamental link between education and the integration and retention of people with disabilities in employment. The challenges experienced in education have a direct and vital impact on economic opportunities of people with disabilities and their subsequent potentially valuable contribution to the South African economy as a whole. As well as the right to decent work, literature recognises that education is a basic human right for all, protected through various international and local policies and the current situation needs to be addressed urgently (Peters, 2003). A key finding of the study revealed the importance of addressing implementation of existing policy relating to education at primary, secondary and tertiary level and how this directly impacts on employment

integration and retention as low education levels exacerbate unemployment among people with disabilities (Dube, 2005). The largest obstacles that participants experienced were negative attitudes in line with the medical model of disability. Although the aim of inclusive education is “to meet the learning needs of all children, youths and adults, with a special focus on those who are vulnerable to exclusion” (SAHRC, 2002:33); in reality, children and youth with disabilities still experience barriers in education and this stems from ineffective implementation of policy. This was found to be particularly true of children with congenital disabilities who generally do not have much chance of achieving any form of higher education and subsequently, any form of employment above menial work.

5.2 Integration and retention in employment

For the sake of continuity, the findings from the research are presented under the same integration and retention headings as laid out in the Department of Labour’s (DOL) *EEA, Code* and its *TAG*. These were discussed in the *Literature review* chapter of this study. Headings include: reasonable accommodation, recruitment and selection, medical and psychological testing, placement, training and career advancement, retention of people with disabilities, termination of employment, confidentiality and disclosure of disability, employment equity planning, and education and awareness (DOL, 2003; DOL, 2002).

Integration and retention in employment	
5.2 Integration in employment	5.3 Retention in employment
Findings	Findings
Discussion	Discussion

5.2.1 Integration into employment

Under each section, content from interviews with participants relating to each heading is provided and a direct quotation that sums up the experiences of the participants is presented. Thereafter, there is a discussion linking the findings to information on the integration and retention of people with disabilities in employment taken from the literature review chapter. A summary of findings and discussion concluding each main section is then provided.

5.2 Integration in employment	
Integration into employment: Findings	Integration into employment: Discussion
Application forms and advertisements	Inaccessible advertisements
Social relationships to finding work	Discrimination in relation to EEA policy
Confidentiality and disclosure of disability	Disclosure
Disclosure of disability on applications forms	Interview phase
Interviews	Medical and psychometric testing
Medical and psychometric testing	Lack of implementation of policy
	Disability hierarchy

5.2.1.1 Application forms and advertisements

The data revealed that many participants with visual disabilities were unable to access written text. Josh explained, *“There was an advert in the newspaper. My wife found it and read it to me and I applied.”* Those with physical disabilities were unable to hold or turn the pages of the newspapers. Piet, a participant with a quadriplegia stated, *“I only look for adverts online as I cannot hold, unfold and turn the pages of large newspapers.”*

A few participants noted confusion amongst employers relating to the differences between the inherent and specific job function requirements for certain positions. They felt they were overlooked for these positions due to employers not understanding the differences between them. Jess, who has a visual disability, felt discriminated against when she was rejected for an interview for a position that she had both the qualifications and experience necessary.

They said, ‘One of the prerequisites for this job is a driver’s license and we cannot consider you for the position’. Meanwhile the work had nothing to do with driving itself. It is just a matter of getting from one place to another to do the work. So anybody who can see just jumped into the car and goes, the only difference with me is that I would need somebody to drive. So they didn’t give me the chance, which is quite strange considering all the legislation today.

Some participants provided practical solutions to their inability to drive such as stating that they would pay for a driver to transport them. One participant who had uncontrolled Epilepsy shared that her employer agreed to provide transportation after she requested it during her interview.

5.5.1.2 Social relationships to finding work

A number of participants expressed that they had to rely on family and friends to find employment of their behalf as they had not been successful when applying for positions independently or through recruitment agencies. This, they felt, was directly due to their disabilities and not their experience or qualifications. After avidly looking for work for a long time, a participant eventually got employment through his mother. He stated that, *“My mother phoned [company] and asked if they had work. They gave me this job as they knew her well”* (Dina).

Zach shared that, *“I worked for the psychiatrist I had seen in matric. She knew that I was trying to move on with my life and there was a vacancy to do the finances, so she offered me the job so I started working there for her.”* He further expressed that he did not feel that he would have been offered the position if it had not been for having known his employer personally.

5.2.1.3 Confidentiality and disclosure of disability

As in the findings on entering higher education institutions, the data uncovered that disclosure of disability presented a huge challenge to the majority of participants. They were mixed in their views about whether to disclose their disabilities or not. Some felt that it was important and beneficial to disclose. Sara commented,

I think it is important in a relationship to be honest about who you are and what you have and why you do it. I have learned that the hard way. I did try to keep it a secret. You think it is embarrassing at first. You think that people will think less of you because you take medication for a disorder. At the end of the day you are not fooling anybody except yourself. If that person doesn't accept you for who you are on the medication, then that is it, they have the problem not you.

For those participants who disclosed their disabilities, some felt relieved and experienced positive reactions from their employers, fellow employees and customers. Others had experienced mixed reactions and were selective as to who they disclosed to, *“I am contracting to multi-national companies. Some of the companies know I am disabled, but some of them don't give a damn, as long as the work gets done”* (Greg).

Some experiences were quite positive despite initial apprehension. Gita shared, *“I felt relieved. My actual boss had a disability herself which made it easier for me. She understood*

if I was behaving a bit strangely. She encouraged me to tell the clients about myself and to disclose.”

However, many participants chose not to disclose their disabilities as they felt they would be perceived in a negative light and treated differently. Bella recounted, *“Because it doesn’t have any effect on my driving or my ability to treat patients there is no reason for them to know. I don’t think I should disclose in any way because of the stigma attached to any kind of disorder, being mental or physical. People still judge anyway.”* Some participants were concerned with how they would be treated. Zina commented, *“No I rather keep it to myself. People react funny, some take advantage of me.”*

Negative experiences after disclosure were a common theme among participants with neurological and psychiatric disabilities. Jed, a participant with Epilepsy commented, *“I don’t know what they think, but there is a definite difference in the way you are treated. I didn’t like that so I very rarely mention it.”* Phila, a participant with a psychiatric disability shared that he preferred not to disclose his disability and shared his experiences after disclosing, *“They were more stand-offish. They would say ‘He is on meds. He is a bit of a psycho.’”*

Many expressed felt that it was important to disclose to employers, employees and customers in case they required assistance. These participants shared that education was important, that providing colleagues with knowledge about what they required made them more likely to assist if asked; it also helped to break down some of the negative reactions to towards their disabilities.

5.2.1.4 Disclosure of disability on applications forms

Many participants commented on their struggles around deciding whether to disclose their disability on application forms or not. They felt that although the advertisements encouraged people with disabilities to apply for positions, when they disclosed on their forms that they had a disability, they were not invited to attend an interview. These participants felt that when they chose not to disclose, they were invited for interviews. Many felt frustrated at being overlooked for positions for which they felt they were qualified and experienced. Inu shared, *“I don’t have a problem marking ‘yes’ as a disability and I disclose it on the employment forms but then I wonder actually. They say in their ads people with disability should apply,*

but then they don't even consider you." Some participants opted to disclose their disabilities after being contacted to attend an interview, others did so during the interview process, while others decided not to disclose at all. A few participants felt that they were being "*doubly discriminated against*" (Bob) due to confusion regarding employment equity and felt that race was a contributing factor. They felt that although they were categorised as being part of a designated group due to their disability, they were still being excluded because they were white males.

I've had situations where I haven't disclosed, people came back to me and say "Let's organise an interview," I've gone by the way 'I'm blind,' they will go 'Oh.' Or I will have employment equity candidate on my CV and not specified my disability. Received a call for an interview and then it's been shut down (Josh).

When asked whether he felt this was due to his disability he responded, "*Ya, I do and because I'm white. I fall under a designated group so am an employment equity candidate but they can't get past that I am a white male*" (Josh). This experience was echoed by a Deaf participant who is a white male. He applied for a job as a financial manager at national funeral company, a job for which he was well qualified and experienced. After a successful interview, he was invited to undertake the entrance test for the position. He was the only candidate to score 100% in these tests. However, the company turned him down for the position citing that he did not fit the requirement for someone from a designated group according to legislation on employment equity.

5.2.1.5 Interviews

A number of participants who selected to disclose their disabilities in their applications were requested to attend an interview and shared positive experiences relating to it. Fay, who has a visual disability, recounted her experiences, "*The interview was accessible. My friend brought me and they gave us parking right in front of the building. There was somebody to escort you right upstairs to the boardroom and afterwards. They were very, very nice. They were very accommodating.*"

On the other hand, most experienced negative reactions and inappropriate behaviour from members on interview panels after disclosing their disability. Some were met with shock, embarrassment, unease, and others with blatant discrimination coupled with inappropriate questions. Sue recounted that, on discovering that she had a disability, some interviewers

made assumptions of what she was capable of, *“They said they have made a terrible mistake and they didn't realise I'm blind and they couldn't possibly do the interview because there is no way I could do the job. It was all presumptuous. This was the 80s, they say it straight to your face.”* She felt that although other interviewers were more tactful in subsequent interviews with other organisations, many had made the decision not to employ her because of her disability from the start. In addition, many questions asked during the interviews were not related to the position, rather to her disability. She felt that this was inappropriate but would play along in the hope that it might turn out to her advantage. *“The interview would be more them asking me questions about my condition and who I am rather than about the job. I would just humour both types of interviewer. I felt I just had to be tolerant and see which way I could get it to work for me, but it never worked”*(Sue).

Some participants felt unfairly discriminated against by interview panel members, whom they felt lacked knowledge about the capabilities of people with disabilities. Asha stated, *“She [interviewer] felt I couldn't function at the speed required, you know all the typical concerns around a person [with a disability]. She had no exposure to me.”*

The following excerpt displays a number of the obstacles that were encountered during a participant attending an interview. Some of these were as a result of interviewers not understanding how to make use of the services of interpreters, being unprofessional, and family members not understanding their role as interpreters. Remi, a participant who was Deaf, applied for a position. He disclosed that he was Deaf and explained that he required a Sign Language interpreter. He was invited to attend an interview but on arrival realised that no interpreter was provided. He was able to contact his mother at the last moment and she agreed to act as his interpreter. During the interview the panel directed all their questions to his mother and completely ignored him as the candidate. He stated that this negatively affected his confidence and left him feeling angry when he was notified that his mother was offered and accepted the position. *“They weren't asking me they were asking my mum so I was sitting back. I failed. Then I went home and sat at home for a year while my mum got the job.”*

5.2.1.6 Medical and psychometric testing

Only a few participants were requested to undergo medical and psychological testing as a requirement for their jobs. Of these, some selected not to undergo these tests while others did, purely to access the assistive devices they required to complete their jobs. Some participants with visual disabilities commented on their difficulties in accessing the tests in a visual format, *“There was a problem with the psychometric testing, it is not accessible, so we had to do that orally”* (Josh). Others found the experience quite traumatic. Inu related her experiences in deciding whether to undergo the tests in order to access hearing aids. These, she stated, were not linked to her work and she and the other employees with disabilities were the only ones requested to partake in the testing, *“What is the point of going through that whole horrific exercise of being discriminated against in the first place by the doctor from hell... I had lots of sleepless nights because of that whole exercise.”*

Another participant expressed his reservations for undergoing tests based purely on his disability, *“I did not want to be treated differently and I didn’t need accommodations. If it was for employment equity purposes, I think it is unfair. Black people and women don’t need to be verified as being black or a woman”* (Zeb).

5.2.2 Integration into employment: Discussion

During the integration phase, participants experienced challenges with regard to application, interview, disclosure, confidentiality, medical and psychiatric testing. This stage of employment is regarded as the most difficult stage within the employment process due to direct discrimination and additional challenges directly related to disability (Arthur and Zarb, 1995).

5.2.2.1 Inaccessible advertisements

From the outset, participants experienced difficulty with job advertisements. It was found that most advertisements were in an inaccessible format. Although a number of organisations do release positions via digital media, such as e-mail and internet, which is a more accessible format, the problem then arises that many participants are unable to access computers and of those that do, many do not have the screen reading software or computer skills to access this media. The DOL (2002) recommends that disabled people’s organisations are used to disseminate information on job opportunities for people with disabilities. The data suggests

that this is being done successfully with regard to many disability organisations. This was true particularly for participants with psychiatric disabilities. These findings support the literature that states that many people with disabilities experience major difficulties in accessing application forms and advertisements (ILO, 2002a).

There is often confusion with regard to the wording used in advertisements relating to the inherent versus essential job requirements of the position. This became evident with participants in this study who felt discriminated against because they did not have a driver's license where driving was not an inherent function of the job. Literature clearly states that wording used in job descriptions must be non-discriminatory and must not confuse the essential aspects of the position, which may exclude particular sectors of people with disabilities. In addition, many advertisements do not encourage people with disabilities to apply. Hence, findings support the fact that many employers are guilty of discriminating against people with disabilities through the use of language in their job advertisements (DOL, 2003a; ILO, 2002a; Arthur and Zarb, 1995; Barnes, 1991).

In general, participants were not in favour of using the services of specific disability recruitment agencies during the application phase of employment. Evidence suggests that recruitment agencies were "*only in it for the commission*" (Josh). Furthermore, it was implied that these agencies seek to categorise disabilities for certain work positions, according to the stereotypical views of employers. On the other hand, literature also recognised that employers may be at a disadvantage as they receive little to no support when recruiting employees with disabilities. An example of this pigeon-holing occurred when participants who are blind were sought to fill positions at call centres or as switchboard operators. This type of stereotyping perpetuates the cycle of existing negative attitudes towards people with disabilities (ILO, 2002a) and is of particular concern for two reasons. Firstly, employers who become willing to employ people with disabilities maintain the belief that they can only fulfil certain tasks within the workplace. Secondly, this attitude is detrimental to the career advancement of people with disabilities as employers do not recognise their full potential. Findings concurred with this as some participants who had postgraduate degree qualifications were only able to obtain work as switchboard operators. Overall, it is clear that employers need support and advice on how to make any necessary adjustments (Cabinet Office, 2005).

5.2.2.2 Discrimination in relation to EEA policy

A new and significant finding of the study related to policy regarding disability combined with race and gender. A couple of participants who were white males felt doubly discriminated against through the misinterpretation of the term ‘designated groups’ within *The EEA*. They experienced frustration as they felt that were overlooked for job positions because of their race and gender and that their disability was overlooked, despite being suitable candidates for these positions. In South Africa, people with disabilities are recognised as one of four designated vulnerable populations requiring special attention and support; the other three groups are women, youth and people living in rural areas. Within affirmative action legislation, disability is recognised as a designated group promoting a rise in their employment within the open market in South Africa (DOL, 2002a). Findings that indicate white males will be discriminated against in the open labour market, as their disability will be overlooked, are important in the South African context and need to be addressed through correct interpretation and/or implementation of policy.

5.2.2.3 Disclosure

Another significant finding of this study was the experiences of many participants when disclosing their disability during the application process. Many participants felt that they were overlooked when disclosing their disabilities on application forms, and discovered that when they ceased to disclose they were suddenly invited to attend interviews. However, they then found that they were overlooked and discarded during the interview process due to their disability. Hence, participants found themselves in a Catch-22 situation as to whether they should disclose their disability during the application or interview process. Literature has identified that disclosure is “an intensely personal and complex” issue for people with disabilities as it exposes them to stereotypical and stigmatising attitudes (Madaus, 2008:291). Added to the general nervousness of job interviews, most many participants experienced the stress and anxiety that that goes with the expectation of being discriminated against (Lowton 2004; Spirito-Dalgin and Gilbride, 2003; Duckett, 2000).

The EEA (2002) encourages people with disabilities to disclose and call for employers to embrace this. Despite this recommendation, findings in this study agree with literature that states that people with disabilities may be unfairly discriminated against when they disclose their disability (ILO, 2002a). However, the findings of the study have been significant as to

just how important disclosure is and how it affects people with disabilities at every stage of the employment process. The data generates the theory that people disabilities are placed at a major disadvantage when they disclose their disability. Stigmatisation and insensitive treatment was common after disclosing their disabilities, particularly by those who have disabilities that may not be visible, such as psychiatric disorders (Goldberg et al., 2005). It also supports literature that recognises that they experience a 'double anxiety' in that if they decide not to disclose their disability they sacrifice the opportunity to apply for any reasonable accommodation. This could affect their ability to adequately perform their job and subsequently jeopardise their retention, let alone any chance of promotion (Madaus, 2008). This has further ramifications in that poor performance will reinforce the beliefs of most employers that people with disabilities are less equipped to deal with the demands of the open labour market (Wilson-Kovacs et al., 2008; Bordieri et al., 1990). Furthermore, employers may then demand extra assurances from potential employees (Leasher et al., 2009; McMahon et al., 2008; Hernandez et al., 2007; Cook, 2006; Pearson et al., 2003; Bricout and Bentley, 2000; Diksa and Rogers, 1996). It is felt that people with disabilities can almost expect to be discriminated against in one way or another when either entering or remaining in employment in South Africa.

5.2.2.4 Interview phase

Findings concurred with literature where participants were less likely to be selected for interviews, or indeed be hired, in comparison to their peers without disabilities (Bell and Klein 2001; Ravaud et al., 1992; Gouvier et al., 1991). The data showed that participants experienced many challenges regarding interview panel members not knowing how to deal with disability, discrimination against applicants with disabilities, and lack of communication on the outcome of interviews. A common experience was also that of inaccessible venues where interviews were supposed to take place. Employers were also found guilty of not adequately accommodating participants with disabilities for the interview process. The Department of Labour (2003) has stressed that all interview location venues must be fully accessible to people with disabilities. This includes not only physical barriers such as a lack of ramps and elevators, but extends to a lack of accommodation within the interview process itself. Moreover, legislation clearly states that people with disabilities must be treated on merit and there should not be any not focus on their disabilities (DBSA, 2005; DOL, 2002). However, employers were found guilty of being grossly unprofessional when they asked

personal and inappropriate questions during the interview process that were not linked to the nature of the work. This speaks to the problematic response to disability at a broader level where the social dynamics that are prevalent to the workplace present an obstacle to people with disabilities (Barnes and Mercer, 2005). It also speaks to a lack of implementation of policy as stipulated by Thomas and Hlahla (2002) at a crucial phase of employment. This, in turn, refers to a lack of support for employers by the state as well as a lack of monitoring of current business practices (Streak, 2004). Findings point to the need for extensive education and awareness programmes on disability and this is explored further under the finding of job training and disability sensitisation.

One participant's experience highlights the issue of unprofessional behaviour of employers. She was assisted by a family member (for Sign Language interpreting) for an interview and the interview panel started directing their questions towards the family member. Moreover, many of these questions revolved around the applicant's disability. This experience became more traumatic when the family member was offered the position that the participant had applied for. This had a profoundly damaging emotional effect on her. This finding supports a further phenomenon found in literature illuminating the lack of self-confidence, basic literacy skills, and absence of recognised educational achievement among students with disabilities looking for work (Howell, 2005; Barnes, 1992). Moreover, this refers back to the strong link between the onset of disability, education and employment. The participant in this particular finding was born Deaf (congenital disability) and consequently attended a special school for the Deaf. Howell (2005: 37) stresses the point that learners with disabilities "are not being equipped with the life skills necessary for independent living in the adult world;" highlighting the major challenge facing stakeholders involved with the education and subsequent employment of people with disabilities who attend special schools. Furthermore, the data concurred with the fact that despite international policy and recognition of disability rights, most people with disabilities experience discriminatory challenges when entering employment denying them the chance to show their abilities (McMahon et al., 2008; Spirito-Dalgin and Bellini, 2008; DOL, 2002; Stone and Colella, 1996).

5.2.2.5 Medical and psychometric testing

With regard to medical and psychometric testing, some participants were expected to be examined by medical professionals after they disclosed their disability. This was a

discriminatory and often traumatic experience as these examinations had no relevance to the work they were applying for. The DOL (1998) has clearly stated that any tests must be relevant and appropriate to the job and that employers need to ensure that the process is free of bias. Hence, the evidence gathered in the study was in line with literature that recognises that medical screening tests are used by employers to justify not choosing a candidate with a disability a particular position (Barnes, 2003). Moreover, the relationship between medical professionals and people with disabilities has helped to perpetuate negative attitudes towards disability, particularly the belief that impairment is the same as illness. This poses a tremendously discriminatory obstacle because employers associate ill health with poor performance and subsequently they are sceptical of employing people with disabilities. Arthur and Zarb (1995) state that the requirement for a health screening as part of the selection process is also likely to discourage or exclude some people with disabilities.

5.2.2.6 Lack of implementation of policy

While briefly mentioned above, it is important to note at this stage that all findings thus far support literature pointing to a severe lack of implementation of policy (Thomas and Hlahla, 2002). The South African Human Rights Commission (2002) criticised national legislation for not being clear on the repercussions of non-compliance, as well as being regularly updated, strictly monitored and imposed. Furthermore, findings concur that this legislation is fragmented and sometimes contradictory, and it needs to be broadened to ensure that consistent guidelines are set out, achieved and directly enforced (Barnes, 2003; SAHRC, 2002; Thomas and Hlahla, 2002). Throughout the findings, it was proved that despite the array of policies and legislation focusing on disability, people with disabilities continued to experience discrimination and denial of their rights in the field of employment (ILO, 2006; O'Reilly, 2003).

The data pointed to many difficulties that participants experienced with regard to reasonable accommodation that employers are required to provide, with some employers preferring to pay penalties instead of providing reasonable accommodation (Thomas and Hlahla, 2002). Literature (Howell 2005; Thomas and Hlahla, 2002; DOE, 2001) agreed with these difficulties, which included a lack of state assistance (technical and financial) and understanding of disability, inaccessible buildings and facilities, a lack of or inappropriate assistive devices, as well as communication and transportation challenges.

Legislation clearly states that it is incumbent upon employers to provide any specialised supervision training and support needed by employees with disabilities to achieve their work requirements competently (DOL, 2003a). This could include restructuring of jobs, flexible hours and leave arrangements (Arthur and Zarb, 1995). The data revealed that the employers of many participants presented difficult challenges to integration with regard to a lack of assistance and understanding relating to reasonable accommodation. Some participants had to pay for their own personal assistants. It should be noted that employers are also at a disadvantage as they do not receive much technical or financial support in the South African context and this is a key criticism of the EEA (Thomas and Hlahla, 2002). Other participants, particularly those with psychiatric disabilities, experienced discrimination concerning given time off. This evidence backed the literature, which found that employers were often unwilling to make necessary adaptations (Arthur and Zarb, 1995). Moreover, this concurred with previous research by Kaye (2001) who discovered that large numbers of employees had been treated unfairly because of their psychiatric disorder. Such stigma associated with certain types of disabilities, particularly invisible disabilities such as learning or psychiatric impairments, has given rise to a disability hierarchy (Shier et al., 2009; Madaus, 2008; Spirito-Dalgin and Bellini, 2008; Baldrige and Veiga, 2001).

5.2.2.7 Disability hierarchy

Many participants with psychiatric and learning disabilities experienced that their disability was perceived by employers as inferior to other disability categories such as deafness and physical disabilities. This data supports literature that exposes that a disability hierarchy exists in the minds of employers, who view one type of disability as being more capable than another. In general, physical disabilities are seen as the most 'able' and employers have expressed a more positive attitude towards them as opposed to those with psychiatric, intellectual and communication disabilities (Hernandez et al., 2007; Jones et al., 1991). This emphasises the need for a greater awareness of disability among employers and staff. This point is revisited later in this chapter when discussing disability sensitisation.

5.3 Retention in employment

5.3.1 Retention in employment: Findings

5.3 Retention in employment	
5.3.1 Retention in employment: Findings	5.3.2 Retention in employment: Discussion
Placement	Taken advantage of
Health and safety	Job training and disability sensitisation
Training, education and awareness	Acquiring disability while in employment
Disability sensitisation training	Discrimination linked to policy
Career advancement	Career advancement and termination
Retaining people with disabilities	Negative attitudes
Lack of mentoring	Conclusion
Termination of employment	
Employment equity	

5.3.1.1 Placement

After being interviewed for specific positions, a few participants were placed in very different positions to those specified, most of which they were not qualified or trained for. The majority of participants in this situation believed that this was as a direct result of a lack of understanding of issues that surround disability by employer. Shani, a participant who had completed her matric the year before and had no subsequent qualifications or experience, was contacted by a principal of a school for the Deaf. She was offered a position of a classroom assistant without having attended an interview or submitting curriculum vitae. She was informed on her first day that she would be teaching a class of children who were Deaf. She said that the reason provided by the principal was that because she was herself Deaf and was fluent in Sign Language, she would make a perfect teacher. She explained that, *“I went there straight away but I still don’t know what I must do. It was a big stress. I had no teacher training”* (Shani).

5.3.1.2 Health and safety

The findings disclosed numerous themes relating to health and safety issues, from inability to react to emergency procedures to general unsafe working conditions

Hearing emergency sirens and alarms

Many participants worried about their safety during an emergency, especially those who were unable to hear emergency sirens or were unable to exit a building independently. Inu, a

participant who was hard of hearing, confided her experiences after noticing many employees exiting the building. *"We had a bomb threat in the building. I was busy working. I phoned the Ops room and they said 'Why are you phoning me, you should be out of the building?' He said he announced it three times on the intercom. Not one able-bodied person actually heard what he had said, because it wasn't working. They just heard the siren going off."*

She confessed that she was traumatised after this event and requested that a solution be found in case of an emergency. *"I could have been dead. I e-mailed the risk control guys. 'Listen, we didn't hear you; this is unacceptable. Is the employer going to pay for my death?' Even if they have to put up some flashing light against our wall so when it is flashing I know there is a problem"* (Inu).

Ability to contact emergency services

A major safety concern for a number of participants with hearing disabilities was not being able to contact the emergency services in the event of an emergency. Zach, who was Deaf, explained, *"If the shop had to catch on fire there is nothing I could do to telephone the fire brigade. If I have somebody shoplifting, I cannot telephone the police. So there is no support from that point of view. I don't want to think of an armed robbery. I'm probably going to get shot."*

Emergency planning and drills

Participants had mixed experiences regarding emergency plans at the workplace. Dumi advised that his employer had a plan in place that made him feel secure. *"There were evacuations. We had drills. They have very, very good emergency personnel who would do stuff. As it is, the area where I was had an emergency exit right nearby me with stairs that led onto the field behind me. If there was a problem, they whistled."*

Two participants, both working in schools for children with severe disabilities, expressed their grave concerns at the lack of emergency plans and emergency drills. *"My principal stated that we have never had a fire so that is why we do not have an emergency plan or do fire drills"* (Sue). Jos shared, *"We have an emergency plan which is locked in the school's safe for when the Department wants to check that we have one."* When this participant asked the principal who had the keys to this safe, the response was that the secretary (who only

worked three mornings a week) kept the keys. Incidentally, this particular school accommodated over 500 children with physical and visual disabilities, the majority of whom resided in the school's on-campus hostel.

Some participants decided to be proactive and rectify the situation by creating their own emergency procedures and conducting their own drills. Others relied on their colleagues. Thembi advised, *"They have it in writing but they have never done the drilling. We have decided by ourselves that we are going to make sure this comes in place. We will initiate the drilling."* A participant with a visual disability felt confident that if there was an emergency that her sighted colleague would assist her. This arrangement was created between these two employees because there was no formalised procedure put in place by their employer. *"We haven't had a training drill, but I know she will not forget about me. She will remember me"* (Thembi).

Evacuating buildings independently

A number of participants with visual and physical disabilities expressed their concerns about exiting their buildings independently during an emergency situation. A participant with a visual disability recounted her experiences of a lack of emergency planning and drills, *"You would think that those things would be in place but unfortunately they are not. So nothing is adapted. In an emergency I would panic"* (Pat). Seth, who had a physical disability, shared his concerns regarding being unable to exit his building independently as the lift was not accessible, *"If there is a fire or a bomb or something bad here, how will all my people with disabilities get out of the building? They wouldn't. No, they will all die."*

Surfaces and environments

Participants with visual and physical disabilities were also concerned about dangerous and uneven surfaces that could result in injury. Mzisi, a participant who was blind expressed, *"They sometimes dig a hole and they don't make a board or tell somebody. As a blind person, you get used to one route."* Zama shared, *"Accessibility, that is the problem, and it's long been a problem. You're tripping all over because the ground is not level."*

Dangerous working conditions

The data further revealed experiences relating to dangerous working conditions. A postman with a deteriorating *hearing disability* shared his experiences of working in an environment that he felt was not safe, *“It was peak hour and this car just came out of the side street and just bumped me and they [employer] can’t still look at things. I couldn’t hear the car. A dog can savage me severely, anything of that nature where I am totally not aware”* (Pip).

After being told by his supervisor and clinic staff that he should be moved to a safer environment or be medically boarded Pip became frustrated at the long wait to be told the outcome. *“I was told by the clinic that if they haven’t got a job for me they must create a job. Or they must board me, one of the two. I have been waiting for four months and I am still waiting on them to come back to me.”*

5.3.1.3 Training, education and awareness

A number of participants recalled their experiences relating to induction or orientation training once they had commenced employment, as well as job-specific training and attending meetings.

Participants mentioned that some employers had formalised programs, while others either had informal or no induction training programmes at all. Some commented on how important induction training was in terms of orientating themselves to the employment policies and procedures, as well as to familiarise themselves with the workplace environment and layout. Josh, a participant with a visual disability, said how important it is to be orientated to a new environment so that he would be able to be independent,

Orientation is a big thing in a new building and I was fortunate that I had my wife who was able to come in and show me around in a new environment. There was some of the staff who took me around to orientate, but again that boiled down to the individual. I'm not sure that it is a formal process.

Some participants, especially those that had completed higher educational studies, as well as those who had workplace experience in similar areas, said that they had clear ideas of what their employers expected of them with regard to their positions. Other felt that they required job-specific training in order to function optimally in employment. Tim stated, *“It was all very new and I was still learning all the stuff. I wished there was a proper training*

programme so I knew what to expect and what my benefits were". Areas of training required included life skills and computer training, language, literacy, communication and numeracy training. Some participants required training manuals or notes for self-study, while others preferred practical hands-on training, lectures and demonstrations. Tim commented on how he required practical assistance, "I take a lot longer than other people to understand things. Someone has to show me what to do .If I understand it, I will tell you, if I don't, you would have to show me again until I understand."

The data disclosed mixed experiences relating to attending training and meetings. While most found training venues accessible, many with hearing disabilities who relied on lip-reading found the seating arrangements problematic because they needed to see the face of the speaker at all times. Inu shared, *"It is frustrating for me. I will always ask the chair of a meeting if I could sit at the head of the table because we have rectangle tables. Oblong tables kill me, because it is always this [moving backwards and forward straining] the whole time."*

Some participants required materials such as meeting minutes and training notes in alternative formats, including enlarged text, Braille or digital format, or required clarification on what was communicated at a later stage. Some were provided with these while others were not. Bella, a participant with a visual disability, stated how she had to become more vocal about her requirements, *"When I asked to have things in large print the response from [employer] was that I was going to waste paper. So you have to become more aggressive or more persuasive and insist upon your rights."* Tim, a participant with a hearing disability who lip-read recounted his experiences, *"If I don't understand a word, I would ask them after the meeting. I kind of feel embarrassed to ask to explain to me with everyone else there"* (Tim).

Many participants agreed on their need for advanced notification of meetings and training. Some required time to print out minutes in accessible formats, or use screen-reading software to access materials beforehand. Others had to ensure that venues were accessible and that Sign Language interpreters were available. Zach expressed, *"At minimum I would like to be pre-informed of any meeting is going to take place so that I can prepare to have an interpreter at that meeting. Those instant five-minute meeting things is impossible for me."*

Some participants stated that in order to do well in training sessions, connecting and building relationships with other trainees and trainers was vital. Dumi said,

People get quite enthusiastic. I find that your best bet is to make connections with the people around you. They are interested and they just provide you with a whole lot of support that you could never hope to pay for. I always worked at making those connections. They were absolutely critical to get by.

Sam agreed that he felt assisted by both the trainers and fellow trainees, *“I got a lot of support. They were extremely helpful. I had friends and so on who read stuff on to tapes for me.”*

Some participants claimed that the training activities were not sensitive to their needs, inclusive or conducive to full participation by people with disabilities. Sue, a participant who was blind, shared her difficult experiences encountered during a training session that, ironically, focused on inclusive education. *“The people presenting the course knew I was there. They would say ‘Let’s get up and do this.’ I told [the presenter] that I didn’t have the vaguest idea what they were doing. ‘You teach us about inclusive education, but you forget about me.’ She was so shocked”* (Sue). She added that trainers should be aware of the needs of the group in order to prevent this in future, *“If there are people with disabilities, they should include them. If they do exercises they should be inclusive”* (Sue).

5.3.1.4 Career advancement

A number of participants related their experiences relating to career advancement. Some remarked that they felt supported by their employers. Remi, a classroom assistant with a physical disability, shared her dream of becoming a teacher in the future, *“In October this year I’m writing my matric exams. If I get through, I’d be thinking to do the teacher’s course. My boss would support me. Oh yes, they’ve already told me ‘You will have a job there.’”* However others, including Alice, who had worked for their employers for many years, commented on their experiences of a lack of progression and career advancement, *“I started working here 18 years ago as a cleaner and I am still a cleaner”* (Alice).

Many participants felt that they were overlooked for positions due to the negative assumptions on what a person with a disability was able to handle. Thuli stated that her employer had preconceived ideas about her capabilities as a person with a visual disability,

They say, 'We know that blind people. They can't do office and paperwork and that will be a barrier'. So when these posts are advertised we are discriminated against even though I am capable of doing the same work with my screen reading computer software but they don't want to hear.

Tim shared how he felt patronised by his employer, *"Sometimes I feel babied in a way. They don't think I understand what to do when I do understand what is going on. They are overprotective."*

Thandi explained how frustrated she was at being overlooked for positions within the company,

I worked in the stock room along with five other Deaf. We were not happy. I felt a bit discriminated and marginalised as I didn't feel the manager gave us opportunities to progress. We did the same work for four years. I did complain. But they didn't take it into account that I wanted to be a teller and I didn't feel good about that.

After approaching their employers requesting promotions and progression from temporary to permanent positions, some participants were told that their lack of advancement was linked to a lack of experience or other contributing factors. On the other hand, some participants were told that their lack of progression was directly related to their disabilities and felt that their employer's perceptions of what a person in a particular category of disability could and could not do was discriminatory. Sue remained in a temporary position for many years despite having suitable qualifications and experience for a permanent position. After she requested a permanent position her employer told her, *"Why are you demanding a permanent post? You must be grateful because you have a disability."*

Some participants noted that they wanted to progress within their environments, and applied for promotions but required support in order to achieve these due to their disabilities. Zach's situation highlighted the problematic relationship between needing the right amount of support career advancement. *"I am not a moron, but because I don't have the support, I've hit the glass ceiling in my career. I think the chance of them promoting me is a zero from the reality point of view. If I do not have the support I will not be able to cope. That is true but then on the flipside if they did give me the support then I would be able to cope."*

5.3.1.5 Retaining people with disabilities

A few participants acquired their disabilities while in employment and they shared their experiences of trying to access reasonable accommodation in order to continue with their work. Jess explained how unsupported she felt, *“They didn’t know what to do with me. It was like something that was pushed into their hands and I don’t blame them, because I don’t think they ever had a case like mine before.”*

Kate, a teacher, voiced her frustration at her employer after requesting support, *“I went to the headmaster and said, ‘That was it! I can’t.’ By then I have been complaining for a long while. I went to the Department and then I went home. I decided I am leaving everything in their hands.”* It took the department an additional year before they moved her to a school for children who were Deaf. In her opinion this move was not in her best interest as she was unable to communicate in Sign Language because up until her hearing loss she had been teaching hearing children. *“They decided that I had to come here [special school], with all the wonderful promises that they were going to help me and train me. The first year was hell because I was in a Grade 4 class with all eight learning areas and no Sign Language.”* (Kate).

Zach shared his opinion regarding people with disabilities progressing in employment, *“I think that the chances of you moving forward in your career even if you manage to find a job when you are disabled is minimal.”*

A few participants commented on what they needed to do in order to remain in employment. Some noted the importance of looking after their health and wellbeing. A participant with a psychiatric disability confided, *“In order for me to work well I need to have a break in between clients. I make sure I eat properly, healthy. I have learned that whatever happens I must take my medication”* (Gita). Another commented on the importance of having a positive attitude, *“I’m not going to let that get me down. I am going to move on. I plod on for as long as I can”* (Inu).

Tina shared how self-reflection is crucial in order to develop and remain in employment. *“I really believe that a disabled person has to have a deeper confidence to what they do. I have*

had to work harder but also I have had to explore and examine my inadequacies and anxieties a lot more to get to learn how to do with those.'

5.3.1.6 Termination of employment

A number of participants recounted their experiences relating to termination of employment. Some participants chose to resign, while others were of the opinion that they were unfairly dismissed because of their disabilities.

Resignation

The data revealed lack of support as problematic. Lali expressed her frustration and lack of fulfilment by her employers' attitude towards her, *"They really felt it was a sheltered employment position and I didn't want it either. That's why I eventually left."* Dumi said that he longed for the chance to show his employer what he was capable of achieving, *"I would have liked more opportunities to prove myself. I wasn't given those."*

Tina felt grossly unsupported, *"I decided to resign. I was unhappy. It was immensely stressful. Disability related. It's hard being the only visually impaired person doing things for the first time."* Dumi said that he chose to resign because of how he was treated by his employer, *"I didn't feel discriminated against. I felt ignored because of my disability, which is a bit different. It can be equally as unhappy."*

Dismissed because of disability

Some participants felt discriminated against when they were dismissed because of their disabilities. Kim, a qualified teacher, shared her experiences of being dismissed because she did not disclose that she had a disability. She chose not to disclose during her application and interview as she was concerned that this would negatively influence her job entry prospects, *"I did not put on my CV that I was Cerebral Palsied because I felt that instantly they would turn my application down."* An additional reason for this was because she regarded her disability as 'mild.' She was offered and accepted the position as an au pair and had planned to disclose her disability as the family appeared happy with her ability to look after their children. After two weeks she felt comfortable with disclosing her disability and described how taken aback and hurt she was when she was instantly dismissed.

I just thought seeing that I have been there for two weeks it wouldn't be a problem, they know that I was capable. Their reaction was quite surprising. They completely freaked out and told me that I had a week to leave and that they wouldn't leave me alone with their kids anymore. It was so awkward. She gave me an excellent reference. She didn't mention why she was firing me, nothing.

A participant felt unfairly discriminated against when he was dismissed due to having a psychiatric disability. *"I felt in my first interview that I had to tell my future boss about my mental disability. He said it was fine. When I had my first relapse, he felt I should not work. He just said no, I should go"* (Ganu). He also experienced unfair dismissal in his following job. *"I was sent home after having an episode at work and they said I absconded. I went to [name of psychiatric hospital]. When I got back to work he just said 'no, I can't work anymore' even though I had a doctor's letter"* (Ganu).

5.3.1.7 Employment equity

Only a few participants mentioned their experiences relating to employment equity (EE). Fay, a mature participant, shared that she had noted improvements for people with disabilities since the introduction of EE, *"My life is easier. It is like wonderful compared to what it was. I've got everything I need."* Others felt that EE had created a sense of negativity from employees towards persons with disabilities. Zach shared his feelings, *"They look at you, and you get the impression that they think that you are the employment equity guy who's getting a free ride. They do not look at you as being productive, working as much or as hard or knowing as much as they do."*

Jess described her experiences relating to how she felt she was discriminated against by her fellow employees on the basis of her race and disability,

I worked there for about three months. One of the comments was a black person should have got the job, you are white.' It was a backlash in the organisation and the CEO apologised to me. He said 'I'm very sorry, we are trying to promote a diverse society and here we are an organisation that would have to deal with things like that.'

Some participants felt that they were employed to assist employers with issues surrounding employment equity and diversity.

He [employer] was very interested in what I thought I could teach them with regard to integrating and employing people with disabilities. One of the important thing is that needed looking at is the fact that we need to create an environment where things are spoken about because there are not formulaic solutions (Tina).

The data revealed situations specific to the South African context that involved a lot of anger and cynicism regarding EE policy and the behaviour of employers in relation to it. Some participants stated that they were confused as to the requirements for EE positions relating to people from designated groups. Some felt that a person with a disability, regardless of their race, should be seen as an employment equity candidate. A white woman with a disability shared her confusion relating to how a colleague, who was coloured person with a disability, was offered a higher level position to her when they were both people with disabilities. *“He’s got no formal qualification whatsoever. That is the point that I don’t understand about this whole drive”* (Inu).

Another uniquely South African finding uncovered white males’ experience of discrimination.

There is a general attitude out there that you are white you still benefited from apartheid. Although the person in the wheelchair may have had the right to vote, they couldn’t get to the voting station because it was inaccessible or they didn’t have their own transport. When the blind guy got to the voting station he couldn’t read the voting paper and the right to a secret ballot no longer exists. Yes, there was but even then there was still and still is discrimination. Pre-1994 I was too blind, post-1994 I am too white and blind and I’ve had to work doubly hard to get where I am because of both (Sam).

A few participants felt that the only reason that their employers encouraged employees to disclose that they had disabilities was for employment equity statistical purposes rather than to see them develop and progress. *“They only employed me to look good on their employment equity stats”* (Zach). Josh voiced his concern regarding employers exaggerating their figures of employees with disabilities in their EE statistics,

There is a specific problem I have with the Code of Good Practice. The Code allows employers who have people in what is known as ‘paybridge disability income benefit’, historically known as ‘boarded’ as being able to be declared as people with disabilities. Although they exist on the payroll, they are submitted as part of the people with disability numbers. The 2% looks very good here but not all of them are presently here, many are boarded.

Inu noted her frustration at the practice of encouraging people with disabilities to disclose purely for EE statistics and not to provide support. She commented, *“It was for employment equity stats. It is finished now, so now, are we happy? No, I am not happy! What happens afterwards?”* (Inu).

Zach further commented on his feelings towards employers being required by government to employ people with disabilities,

I would say that companies have been forced, and I use the word “forced”, to employ people with disabilities. I think a large part of that is window-dressing. I understand that. But financial reasons or money does not justify denying people their human right.

Josh noted his concern with his perceived lack of enforcement of EE legislation with regard to people with disabilities as a tool for progression within employment.

When it comes to new growth or moving on outside of the organisation there is no focus on disability. I don’t care what the legislation says. There was no consideration for disability irrespective of race and that was carried through even more stringently under BEE legislation where people are rewarded on the basis of race and female and black female only.

Josh further shared his view relating to why people with disabilities are, in spite of EE policy, still not being employed,

When will employers turn round and be challenged. ‘Why aren’t you employing people with disabilities?’ They will turn round and say that they can’t find the right candidate with the right skills. When the candidate has the right skills and qualifications they still choose to ignore it, so that excuse about not having the right qualification is weak.

5.3.1.8 Disability sensitisation training

Very few participants said that their employers provided disability sensitisation training and awareness for employers and employees without disabilities. Many felt that this was essential in helping their employers and fellow employees to understand their disabilities and prevent misunderstandings. Tim commented, *“This would create a little bit of understanding as to how I am and where I come from. I want people see me as normal. They don’t need to treat me as special”* (Tim). Jed stated, *“They should be educated. Not only about the disability but about also on the rights of that person with the disability.”* Zina shared that sensitisation was crucial in order to create awareness about disability, *“If people can just understand about your illness and not discriminate in the world be much better. It is really about understanding.”*

Other participants identified the fear of the unknown as the main driving force behind discrimination that they experienced in the workplace. They felt that sensitisation would assist people in addressing their feelings towards disability. Jed explained,

I think generally any kind of disability makes people think of their own weaknesses or potential weaknesses that they're very afraid to think about. Once they start thinking about that, they start thinking about when they're going to have those disabilities and they assume they're going to have them in old age and so they start thinking about their old age, which they don't want to think about. And then they think about their death and I think that's the bottom-line. They are afraid of that. So if you are a person with a disability they place you on that continuum of being closer to death than they are and so you are a person to be feared.

A few of the participants who stated that sensitisation programmes were offered, suggested that they needed to be inclusive of all disabilities, as they found that they only covered information pertaining to certain disability categories. *"She [manager] did try to do a sensitisation, but only for Lana's disability but not for mine."*(Inu). Some participants recounted that they had conducted their own sensitisation training, either formally or informally, with their fellow employees. Asha, a human resources manager, decided to co-ordinate a disability awareness programme within the company to assist more employees to disclose their disabilities. This was with the intention for them to get the support they required.

There were so many people in the organisation that hadn't disclosed and had become disabled but they were hidden in different places. They started to come to me and then I started to deal with cases of discrimination. I started then through trial and error, putting together awareness raising programmes, wellness, looking at their Injury on Duty procedures and rehabilitation (Asha).

Participants employed in companies where sensitisation training was conducted, recounted their positive experiences. Fay, a participant with a visual disability mentioned that her fellow employees were far more sensitive to her needs and were able to offer her appropriate assistance, *"They are all very helpful now. When I go out and I know I can't see, I just grab an elbow"* (Fay). Inu, a participant who was Deaf mentioned that since basic Sign Language training had been provided, her fellow employees appeared more willing to communicate with her, *"[employee] can't stop talking about it [the training]. He is so excited over the fact that he learned something new and that he can actually now correspond."*

A few participants were of the view that although having disability sensitisation training was important to create awareness and prevent barriers, it was vital that the trainers understood issues surrounding disability, *"I think if they knew about disabilities it might have helped. My answer is very dark, because a lot of people who do disability sensitisation make it worse. If it was done badly it would have made it much, much worse"* (Dumi).

Some participants noted that careful planning and content consideration should be made. They stressed that facilitators need to ensure that they do not classify people with disabilities into categories and should emphasise the individuality of disability. *“Everybody is individual so just because one person is vision-impaired doesn't mean exactly the same thing will work for the next person who is visually impaired”* (Tina). Josh said that the facilitators of sensitisation training need to provide accurate information relating to disability, and to encourage people to move away from their comfort zones. This is in order to avoid creation of stereotypes which influence employment of people with disabilities. *“There may be a tendency for employers to employ people with disabilities that they are used to dealing with. There may be a preference for people using wheelchairs and also it depends on the severity of the disability. Someone who walks with a limp is more easily able to be accommodated than someone in a wheelchair.”*

5.3.1.9 Lack of mentoring

A number of participants commented that it was important that their employers had an awareness of issues relating to requirements of employees with disabilities. A few participants suggested that mentorship programmes would have assisted them in both the integration and retention phases of their employment. Tina said, *“I would strongly recommend mentorship. This is a much bigger problem besides the disability aspect, as it has a larger effect on someone with a disability.”* She further stated that having a relationship with a mentor would be invaluable. *“A person who could show you things, give advice and give time to discuss things with you then that would make all the difference in the world”*.

5.3.2 Retention phase of employment: Discussion

Literature relating to the placement of people with disabilities within the workplace states that they need to be treated equally, subject to reasonable accommodation, to employees who do not have disabilities (DOL, 2002a). However, findings in this study have produced mixed experiences of participants in this phase of employment with some having to face extreme difficulties. Many experienced challenges through being placed in positions that were very different from those that they had applied for, and they believed that this was as a direct result of stigmatisation or employers not understanding issues surrounding their disability. Overall, the majority of the data supported literature where people with disabilities are faced with discrimination in employment when being hired and/or promoted (Bengisu and Balta, 2011).

The situation is made all the more serious as it has also been identified that the South African workplace can ill-afford to lose any skilled labour (DOL, 2002). The issue of weak implementation of policy is highlighted once again where one participant claims that employers are not being challenged enough to employ people with disabilities (Bezuidenhout et al., 2008). Moreover, research suggests lack of job retention is a global phenomenon concerning people with disabilities (Wynne and McAnaney, 2004; Arthur and Zarb, 1995). Findings also suggest that this phenomenon involves the belief held by employers that people with disabilities are inferior and less qualified than their counterparts without disabilities. Subsequently, many employees with disabilities are passed over in favour of less qualified employees without disabilities (Miceli et al., 2002).

5.3.2.1 Taken advantage of

Some participants were placed in positions without having any form of interview and were not provided with job descriptions. This was evident where a participant was recruited by her previous principal to be a teacher for Deaf children based purely on the fact that she herself was Deaf and fluent in Sign Language. Not only was this completely unacceptable for the children in the participant's class, it was also very traumatic for the participant who had no teacher training or experience. The participant was angered at her employer's decision as she felt that she was being taken advantage of because of her disability. This supports literature that suggests that employers' ignorance results in them reverting to stereotypes in their employment expectations of people with disabilities (Wordsworth, 2004). Moreover, the fact that the employer was happy to provide an unqualified and inexperienced teacher for the Deaf children exposes the general attitude that people with disabilities are inferior (Wordsworth, 2004; Boyle, 1997; Stone and Colella, 1996).

5.3.2.2 Job training and disability sensitisation

Literature on successful retention in the workplace highlights the importance of induction, orientation and job specific training, and that without this, many people with disabilities resign or are dismissed at an early stage due to difficulties experienced (Workway, 2004; DOL, 2003a). Findings show that induction training is of particular importance within the South African context due to the way that people with disabilities are generally regarded. Furthermore, there is a high possibility that the employee with a disability has received an inferior education. In addition, it is crucial that these training sessions are accessible,

responsive and are able to accommodate the needs of all people, including those with disabilities (DOL, 2003a). However, the findings revealed that the majority of participants did not receive adequate or any induction training in their places of work. Shortfalls included inaccessible induction training manuals, a lack of disability sensitisation among employers and employees, inadequate health and safety procedures and a lack of clear job descriptions and expectations. All these criteria are recommendations made by the ILO (2002). Hence, these findings concur with literature that point to the unwillingness and ignorance of employers regarding accommodating people with disabilities (DBSA, 2005; ILO, 2002a). As a result of a lack of training many participants felt 'lost' and overwhelmed in their new positions. A lack of orientation and training affects the quality of work of employees with disabilities, and also affects their confidence within the workplace. Subsequently, employees with disabilities may produce lower quality work through no fault of their own, which, in turn, decreases their chance of retention and/or career advancement and also perpetuates the negative attitude of low expectations of them by employers (Arthur and Zarb, 1995).

It is important not to underestimate the magnitude of this potential barrier. This is because of the link to an inferior education experienced by people with disabilities (particularly in the South African context), which leaves them lacking skills and confidence in entering and retaining employment (Howell, 2005; DOE, 2001a). A lack of support within the workplace in this regard may result in people with disabilities not having the confidence to return to employment after losing their jobs through a bad experience. The repercussions of this are people with disabilities becoming reliant on the state, which perpetuates negative attitudes towards disability in general within society.

The data also points to the fact that training on disability awareness for fellow employees is just as, if not more than, important. As one participant proclaimed *"They should be educated. Not only about the disability but about also on the rights of that person with the disability"* (Jess). Participants in the study shared that attitudes towards them and their disabilities became notably more positive after disability sensitisation workshops had been conducted and this had a constructive impact on staff morale. Subsequently, it is evident that the benefits of disability sensitisation workshops should be seen in the same light as the benefits of providing reasonable accommodation. This includes creating a positive culture in the

workplace “fostering a sense among all employees that employers recognize both the value of the individual worker as a human being, and the inherent social benefits of creating and sustaining an inclusive workplace” (Hartnett, Stuart, Thurman, Loy and Batiste, 2011:17).

5.3.2.3 Acquiring a disability while in employment

The data suggested that participants who acquired their disability while in employment required a lot of support in terms of returning to work and remaining there. One major challenge that arose related to returning to the same job position, even though it is incumbent upon employers to accommodate new positions for employees who developed their disability at work and cannot continue in their existing positions (ILO, 2002). While some participants were accommodated in this regard, many were discriminated against and unfairly dismissed. There is a shortcoming in existing employment equity policy as it only caters for people who acquire their disabilities while in employment, excluding those with congenital or existing disabilities (DOL; 2003; DOL, 2002).

A further challenge facing people who acquired their disability while in employment was coming to terms with their ‘new’ disability. Their experience of denial and not coping with their disability affected their ability to work. A key finding related to some participants who developed a degenerative condition over time. They found themselves in the same Catch-22 position as described earlier about those who were disabled before applying for work. They were unsure as to whether they should disclose their disability because they were afraid of losing their job or other stigmatisation, concurring with previous research (Madaus, 2008; Spirito-Dalgin and Gilbride, 2003; Duckett, 2000). This speaks to the need for existing support systems within companies to assist employees who become disabled, or even boarded, while at work. Companies should develop relationships with DPOs and other organisations that deal with trauma counselling in this regard.

5.3.2.4 Discrimination linked to policy

Previous research warned that people disabilities in the South Africa labour market were regarded as not being employed on merit but rather only getting their jobs to satisfy quota statistics required by companies for the government (Wilson-Kovacs et al., 2008). This proved to be the case in the current study as well. Some colleagues of the participants felt that they did not deserve their positions, and participants themselves questioned the true motives

of employers regarding the employment of people with disabilities. Moreover, some participants were not happy that according to policy, employers need to declare employees who had been boarded as part of their current workforce (DOL, 2003) as they felt this distorted the true representation of people with disabilities in the open labour market. However, there is an added, uniquely South African aspect to the findings in this area. Post-1994, the new ANC-led government introduced the Black Economic Empowerment Act, which promoted the integration of black workers, who are recognised as being previously disadvantaged under apartheid, into the South African open labour market. Consequently, in certain circumstances, black applicants would be favoured over white applicants for the same job positions. The same scenario now exists with policy regarding the need to integrate people with disabilities. However, the issue of disability versus race has become complex in the local environment as the sets of criteria promoting the employment of people with disabilities and people of colour are different. Subsequently, because of the past injustices of apartheid, some people feel that white males who have a disability should not receive favourable consideration for job positions despite the fact that they are recognised as belonging to a designated vulnerable population (Thomas and Jain, 2004; Thomas, 2002).

5.3.2.5 Career advancement and termination

Literature stresses that it is important that people with disabilities participate fully in training on an ongoing basis in order to maintain a quality of work and promote career advancement (Workways, 2004). Furthermore, employees with disabilities should be consulted in order to ensure input specific to their career advancement (DOL, 2003a). The evidence within the study illuminated that participants experienced major obstacles to career advancements. A number of participants had worked for decades at the same organisation without receiving any salary increase or change in position. These participants felt that they had been blatantly discriminated against and taken advantage of because of their disabilities. Furthermore, literature has recognised this difficult experience of people with disabilities in that they are frequently offered jobs of low status, low wage occupations with poor working conditions and few opportunities for advancement (Barnes, 2003). Participants also experienced frustration and resigned because of a lack of career advancement opportunities. This finding concurs with research that points to employers not viewing employees with disabilities as being equal to employees without disabilities and subsequently do not offer them the same opportunities for advancement (Barnes, 2003; Miceli et al., 2002; SAHRC, 2002). It also

points to a simple lack of awareness and willingness to give employees a chance to prove their ability, which, in turn, creates a lose–lose scenario. One participant’s experience perfectly illustrates this cyclical relationship between not providing support for employees and their halted progress. Zach expressed that, *“If I do not have the support I will not be able to cope. That is true but then on the flipside if they did give me the support then I would be able to cope.”* As in many of the cases, by not providing support the company has lost out on a potential asset and the employee has lost out on the chance to excel at a higher level. Many participants expressed frustration at the fact that they would be able to do many different tasks if they were given an opportunity. This hints, once again, at a prevailing negative attitude towards disability that regards disability as inferior and something to be looked after instead of encouraged. This finding reinforces previous research by Barnes and Mercer (2005), who identified that people with disabilities are denied opportunities, not necessarily as a result of their impairment, but rather because of the existing social dynamics prevalent within the workplace.

Within affirmative action legislation, disability is recognised as a designated group and a rise in the employment of people with disabilities within the open market in South Africa is promoted (DOL, 2002a). An interesting finding within this context was the misinterpretation of employment equity policy relating to disability and race and how this applies to the criteria relating to ‘designated groups’. This was evident when a Deaf participant who is a white male applied for a job as a financial manager at national company funeral for which he was well qualified and experienced. After a successful interview, he was invited to undertake the entrance test for the position. He was the only candidate to score 100% in these tests. However, the company turned him down for the position citing that he did not fit the requirement for someone from a designated group according to legislation on employment equity.

The issue of retention of employees with disabilities has been recognised and findings support that a target-driven initiative should be developed to monitor and assist in the employment conditions of people with disabilities in South Africa (DBSA, 2005).

Literature has described that *The Code* and *TAG* deal with termination only in terms of employees who acquire disabilities during employment, and not by those who have existing

disabilities (DOL, 2003a). Data highlighted that the participants, the majority of whom entered employment with an existing disability, frequently experienced a lack of protection of their rights when being dismissed. Furthermore, despite supposed protection by existing policy, findings revealed that many participants who acquired their disabilities during employment were terminated unfairly and on the basis of their disabilities. This supports literature that has identified that there is evidence of people with disabilities being dismissed or refused promotion on the grounds of their impairment (Arthur and Zarb, 1995). This finding exposes the strong need for improved legislation implementation, as highlighted earlier, to protect the people with existing disabilities within employment. In addition, many people with disabilities resign from employment because of an inaccessible workplace, negative attitudes and discrimination, inequality of benefits and salary, and a lack of career advancement and progression (Barnes and Mercer, 2005; ILO, 2002a).

5.3.2.6 Negative attitudes

As has been mentioned already in various ways, negative attitudes towards disability represent an underlying reason behind the majority of difficulties experienced by people with disabilities in employment. Literature suggests that these negative attitudes represent one of the most significant obstacles that people with disabilities experience in employment (Wordsworth, 2004; Boyle, 1997; Stone and Colella, 1996). Findings revealed that most participants felt that they were treated differently because of their disability. Their experiences ranged from backlash, where employers and colleagues felt that people with disabilities received preferential treatment; inferiority, where they were perceived as not capable of doing the same work; to patronisation, where they were overprotected in the workplace and prevented from undertaking certain tasks that they were more than capable of completing. Most participants also experienced reactions of fear and a lack of knowledge around their disability from employers and colleagues alike. Participants further shared that they generally encountered a lack of support and even resistance in their everyday working environment. These reactions all tie in with identified categories of negative attitudes (Wordsworth, 2003; and Minton, 1992) and stereotypes (Stone and Colella, 1996) towards disability as discussed in the literature review. In reaction to the negative attitudes, participants reiterated the need for disability sensitisation workshops but stressed that facilitators of these workshops had to have, and convey, a good understanding of the diversity of disability. This is well articulated in one participant's declaration that "*Everybody is*

individual so just because one person is vision-impaired doesn't mean exactly the same thing will work for the next person who is visually impaired." This statement also ties in well with the conceptual framework of the study. It is an appreciation of the needs of someone with an impairment who is hindered by a 'disabling' factor. This recognises a problem stemming from the medical model of disability looking towards the social model for an explanation and a solution. Simultaneously, it is a statement expressing the individuality of each person with a disability, recognising that each person has a unique relationship with their own impairment and the importance of this relationship is paramount to finding an ultimate solution of that person's needs. This displays recognition of a shortcoming of the social model, the denial of the importance of impairment, and moves forward in finding a solution towards overcoming a disability challenge.

5.3.3 Conclusion

As discussed above most of the findings that emerged agreed with existing literature. New ground discovered in various areas of the study led to the development of new theories. Of particular note was the importance of the role of onset of disability, particularly its link to education of people with disabilities in the South African context. Other significant findings surrounded the challenges that people with disabilities encounter with disclosure. New knowledge was also gained specific to the South African context of disability and employment, where it became evident that white males with disability are inadvertently being discriminated against. It was identified that as a developing country, South Africa's lack of resources and poor infrastructure including inaccessible transport and built environments, has a negative effect on the ability of people with disabilities to find employment. This also relates to the lack of accessibility to basic information. Beyond that, for the participants in the study, who persevered and managed to find employment, it was found that the key challenges to integration and retention revolve around the lack of implementation of policy, the lack of commitment of employers to provide reasonable accommodation and the underlying negative stereotypical reactions and attitudes towards disability. These findings all support current literature.

Chapter 6

Conclusion and recommendations

This final chapter presents a brief overview of the thesis, provides a conclusion to the outcomes of the study and puts forward recommendations for further research as well as for stakeholders.

6. Conclusion and recommendations		
6.1 Conclusion	6.2 Recommendations for further research	Reflections and evaluation of the research
	Recommendations for stakeholders	
	Recommendations for education sector	
	Recommendations for disabled people's organisations	
	Recommendations for employers	
	Recommendations for Department of Labour	
	Recommendations for policy makers	

6.1 Conclusion

The experiences of people with disabilities in the integration and retention phases of employment was explored and described throughout the study. To recap, an exploratory case study design was utilised in the study and was favoured for capturing data of the real life experiences of the participants (Yin, 2003). The data was collected through in-depth, semi-structured interviews that were audio-recorded and transcribed verbatim. These, in turn, were analysed through the data reduction process and provided information-rich data from which themes emerged. These generated findings.

While there were a number of positive experiences, the study revealed that most participants have had difficult time in finding and retaining employment. These difficulties extended from their childhood and education with all the participants suffering discrimination at one point or another and often on a constant basis. Furthermore, these experiences were often deeply personal and it is felt that the study was successful in linking these everyday experiences to statistics and broader phenomena that are deemed to affect the working lives of people with disabilities. This could be seen where the stereotypical reactions, coupled with negative

attitudes, of colleagues and employers made disclosure an intensely complex and emotional issue for participants.

The study uncovered that the participant's experiences of employment were predominantly a result of four key factors. These comprise of the interconnectedness of onset of disability, education and employment; the lack of commitment from employers to provide reasonable accommodation and create a disability-friendly working environment; the lack of implementation of policy; and finally, the prevalent stereotypical and negative attitudes towards disability. In general, the study concurs with previous research relating to disability and employment but there is a distinctive South African aspect to the findings. This relates to the historical culture of racial segregation under apartheid, as well as the newness of the South African democracy, which despite progressive legislation is still strongly influenced by the medical model at grassroots level. Many participants have struggled to realise their right to equality, let alone their specific rights as citizens with disabilities. Moreover, most of the participants, like the majority of people with disabilities in South Africa, have had either very little exposure to the social model of disability or none at all.

The complexity of the onset of disability was explored and revealed to have a considerable impact on the education and subsequent employment of people with disabilities. It is felt that this is an important finding because this area has received little attention in previous research in South Africa. The study discovered that having a disability represents a huge challenge at any level of education, particularly because of the generally inadequate support systems in place. However, the study put forward that people with congenital disabilities in particular will find it harder to enter higher education institutions, as well as to find work of the same standard as people with the acquired disabilities. This is predominantly due to the inferior education they received at special schools.

In the South African context, inaccessible public transport systems and built environments play a huge role in preventing people with disabilities gaining employment as well as making it extremely difficult for those that do manage to become employed. However, it was discovered that lack of access to information was just as big a challenge, especially the difficulty in accessing job advertisements. While this hinders the process of creating work opportunities for people with disabilities, the underemployment situation is exacerbated by

the dependency on social security grants by the majority of people with disabilities in South Africa.

A key finding particular to the South African context discovered that qualified, white South African males with a disability will potentially be discriminated against in the workplace because they are not recognised as a designated group as defined by *The EEA*. Findings also concurred with current literature that people with disabilities are most likely to be discriminated against when entering employment if, and when, they disclose their disability. Another common experience of the participants was a tremendous lack of commitment from employers to provide reasonable accommodation and the study suggests this presents one of the biggest challenges related to entering and remaining in the workplace.

As previously mentioned, the study illuminated the interconnectedness of onset of disability, education and employment in the experiences of people with disabilities in employment and society as a whole. It was explained how these factors are further affected by existing negative attitudes and stereotypes towards disability, as well as the resultant misunderstandings and ignorance that arise from these attitudes and stereotypes. This highlighted the huge need for regular disability sensitisation workshops within the workplace to dispel prevalent myths and preconceptions about disability. The study provided insights into the many fears and apprehensions that people with disabilities carry on a daily basis. Many directly relate to work but there are others, that are specific to having a disability, that while not directly related to work, heavily influence any interpersonal transaction and relationship on a daily basis. These are the fears that need to be talked about, acknowledged and recognised so that the person with a disability feels valued as an employee and everyone in the workplace feels part of the process. It is actually in the best interest of business to facilitate disability sensitisation workshops and provide adequate reasonable accommodation as research has shown that the successful integration of people with disabilities is extremely beneficial to employers with regard to staff morale, staff loyalty and productivity. The process also helps create a positive culture of inclusivity within the workplace (Hartnett, Stuart, Thurman, Loy and Batiste, 2011).

With regard to the theoretical framework of the study, the strengths and weaknesses of the social and medical models of disability were discussed. Particular attention was paid to the

shortcoming of the social model with regard to ignoring impairment. This was relevant to the study as it was discovered that impairment plays a crucial role in determining the specific needs of a person with a disability. The nature of the impairment will determine exactly what reasonable accommodation that person will need as well as any possible assistive device. Furthermore, reasonable accommodation must be addressed on a case-by-case basis. Each individual has a specific set of needs, regardless of any similarity in impairment to another. Simply put, what may suit one person with visual impairment may not suit another person with a visual impairment, and the same applies to all categories of disabilities. This individuality of disability is of great importance because employers and society in general are prone to thinking of people with disabilities as a homogeneous group. This is one of the biggest challenges facing people with disabilities as a whole. Furthermore, the study exposed the existence of a disability hierarchy, where employers regard certain types of disability as superior (and more preferable to have in the workplace) to others disabilities (Hernandez et al., 2007; Jones, Gallagher, Kelley and Massari, 1991).

The additional factor of a lack of implementation of current policy, particularly *The EEA*, was explained as major challenge to the integration and retention of people with disabilities in employment. It was also made clear how this also represents an overarching obstacle to the progression and inclusion of people with disabilities within society as a whole. Beyond the implementation of *The EEA*, Barnes and Mercer (2005) identify that any policy relating to disability and employment must be supported by other policy that addresses disability at a broader societal level.

Referring back to the importance of the individual, the study revealed an interesting trait amongst the majority of the participants. Most of them appeared to possess an inner strength, a resilience that enabled them to overcome negative attitudes and take on the challenge of becoming employed within a society that is not disability friendly. One participant actually recognised this characteristic and expressed the need to maintain their single-mindedness, a need to be tougher, in order to succeed. While it is speculative at best to suggest that inner strength is a necessary characteristic for people with disabilities to gain employment, it seems fair to conclude that this has contributed greatly to the reason these particular participants have found and maintained work. Since 1994, South Africa has developed progressive policies regarding people with disabilities in South Africa, and with that, the promise of a

better future for all, including equal opportunities for people with disabilities. However, the findings of this study have identified that there are many more obstacles to overcome, at both an environmental and social level, to ensure meaningful integration of people with disabilities in the South African open labour market.

It is hoped and anticipated that these findings be considered as foundations for further research as well as the development of interventions in creating a paradigm shift towards people with disabilities in the workplace. They should also be considered as foundations for educational and training programmes for all stakeholders involved in the education sector of South Africa.

6.2 Recommendations for further research

People with disabilities experience many challenges entering into and remaining in employment in and there are many areas that require further investigation in the South African context. It is recommended that further research focuses on the link between education and employment in the following specific areas. These relate to the way the education system, both special and mainstream, prepares children with disabilities for entrance into higher education and finding employment in the open labour market upon leaving school, paying specific attention to:

- Highest grade offered including Grades 9 or 12;
- Subject stream offered, for example academic or practical/skills based;
- Whether the teaching methods, subject and lesson content provides them with the level of critical thinking needed to enter into and remain in higher education;
- Whether special school education provides learners with the levels of confidence and life skills required to enter higher education or employment in mainstream society.

South Africa adopted an inclusive education and training system in line with the social model of disability post-1994. It is recommended that research examines whether today's learners with disabilities continue to experience the same challenges as their counterparts before 1994. This study was focused on the experiences of people with disabilities in employment. In order to create a more holistic picture of disability in the workplace research should be conducted to examine the views of employers and employees without disabilities with regard

to the employment integration and retention of people with disabilities into their organisations.

With regard to onset of disability, this study found that there was a significant difference in the challenges, limitations and achievements between participants with congenital disabilities and those with acquired disabilities. It is recommended that further research be conducted on the impact of onset of disability with regard to education, integration and retention in employment between these two groups.

6.2.1 Recommendations for stakeholders

To encourage and promote a change in attitudes towards disability, it is recommended that there be a move towards promoting disability awareness by all stakeholders including policy developers, Department of Education officials, teachers, lecturers, staff, employers and employees without disabilities. This could be achieved through the following:

- Involving people with disabilities at all level of decision making processes;
- Adopting appropriate and acceptable terminology in all policies and procedures;
- Providing disability sensitisation training to all stakeholders through disability organisations and other specialists with disabilities;
- Hosting frequent disability awareness campaigns.

6.2.2 Recommendations for education sector

It is recommended that Department of Education officials, teachers, principals, lecturers and staff participate in training programmes addressing the following:

- Specific knowledge relating to accommodating and teaching children and students with disabilities;
- Increasing the current special school education levels to be on par with mainstream education;
- Identify and prevent the challenges to disability highlighted in Education White Paper 6;
- Reflect upon and review their existing teaching practices, with a view to changing them in accordance with inclusive education principles.

6.2.3 Recommendations for disabled people's organisations

It is recommended that disabled people's organisations (DPOs) assist and support both potential employees with disabilities and employers. They need to bridge the gap between education and employment. This can be done through workshops where training is provided on the areas that people with disabilities experience when entering into and remaining in employment. Workshop content could include basic skills including: how to construct curriculum vitae, the importance of disability disclosure, issues surrounding rights, and what to expect during the interview phase of employment. In addition, DPOs have a role to play in networking with potential employers and encouraging them to employ more of their members with disabilities. They should provide potential employers with knowledge and skills specific to disability integration and retention, and support existing employees with disabilities in employment.

6.2.4 Recommendations for employers

It is recommended that employers treat existing and potential employees with disabilities equally with reasonable accommodation. Furthermore, by dismissing the merits of employees with disabilities, business is missing out on the benefits of a potential workforce. Preconceptions and negative attitudes towards disability are at the core of so many challenges facing people with disabilities looking for work and in general. Employers within the open labour market should establish, with the help of disabled people's organisations (DPOs) ongoing disability sensitisation workshops to help everyone gain a deeper understanding and respect towards people with disabilities. In addition, they need to embrace support mechanisms and encourage equal opportunities for people with disabilities that enter employment when providing reasonable accommodation, and implementing induction programmes. The same support mechanisms should be put in place to assist employees who become disabled, or even boarded, while at work.

6.2.5 Recommendations for the Department of Labour

The Department of Labour needs to ensure that the Commission for Employment Equity provides accurate statistical data on the number of employees with disabilities together with the general employment situation of people with disabilities in their annual reports. This will assist in creating a more accurate picture of the situation of people with disabilities in employment in South Africa where trends can be measured.

The study uncovered a distinct lack of commitment by employers to provide reasonable accommodation and this presented a major obstacle to the integration of people with disabilities. The Department of Labour needs to monitor employers and hold them accountable any transgressions from their legal responsibilities. This includes checking that employers meet their required quota of two percent of their workforce comprising people with disabilities, as well as offering support and assistance to help employers in being compliant.

6.2.6 Recommendations for policy makers

The EEA only makes provision for employees who acquire their disabilities during employment. The rights of employees with congenital or existing disabilities entering the workplace need to be urgently addressed and included in policy.

6.3 Reflections and evaluation of the research

A process of reflection was undertaken on completion of the discussions of the findings. This was done to reflect and evaluate the qualitative research journey of discovering the experiences of people with disabilities entering and remaining in employment. A number of questions were visited to evaluate the research process and achieve satisfaction on the whole project before concluding the dissertation.

Questions asked included:

- Was the sample adequately selected?
- Does the study follow through with the aim and key objectives?
- What major themes and categories emerged?
- Did the discussion of the findings link the major themes and categories to the literature?
- Did the conceptual framework relate to the findings and study as a whole?
- Do the findings of the study seem significant?

In response to the set of questions above the different chapters of the study were revisited to ensure that the relevant information was provided throughout the study. The following was also done:

- A description of relevant concepts relating to disability, discrimination theory and disability within employment was provided, in examining the experiences of people with disabilities in the integration and retention phases of employment. This was further described in all the major themes, categories and subcategories in the data analysis.

The discussion of findings addresses the relevant findings, highlighting the significance of new and major findings. The discussions further explore the similarities and disparities of the findings with literature relevant to the experiences of people with disabilities in the integration and retention phases of employment. The researcher is satisfied that the insights gained from the participants of the study have provided a substantial amount of data in meeting the aim of the study as well as all the key objectives. It is also felt that the findings are significant and adequately represent the major themes of the interconnectedness of onset of disability, education and employment; the lack of commitment from employees to provide reasonable accommodation and create a disability-friendly working environment; the lack of implementation of policy; and finally, the prevalent stereotypical and negative attitudes towards disability.

The researcher is also satisfied that the discussions link the major themes and categories to the literature. The researcher found this task quite challenging as a number of the themes were similar and seemed to overlap, and it was sometimes difficult to isolate and adequately describe separate chunks of knowledge or experiences. Finally, the researcher is satisfied that the theoretical framework effectively portrays the viewpoint, or way of thinking, behind the study. However, of all the questions above relating to evaluation, this is the one that the researcher is least confident about. It is certainly felt that the explanations of the medical and social models were sufficient, as well as the description of the shortcomings of the social model. It is hoped that the importance of the acknowledgement of impairment, and associated individuality of people with disabilities, is effectively aligned to the findings of the study.

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Appendices

Appendix 1: Coding scheme for the classification of data

	Name	Age	Gender	Race	Province	Disability	Onset	Schooling	Tertiary	Duration	Type
1	Sue	61	Female	White	Northern Cape	Visual	Acquired	Special	Yes	3 Year	College
2	Asha	49	Female	Indian	KwaZulu-Natal	Visual	Acquired	Both	Yes	4 + Years	University
3	Sipho	32	Female	Indian	KwaZulu-Natal	Deaf	Congenital	Special	Yes	3 Year	College
4	Thembi	31	Female	White	KwaZulu-Natal	Physical	Acquired	Mainstream	Yes	3 Year	University
5	Themba	50	Male	Black	Eastern Cape	Physical	Acquired	Mainstream	Yes	3 Year	College
6	Josh	50	Male	White	Western Cape	Visual	Acquired	Mainstream	Yes	4 + Years	University
7	Dumi	41	Male	White	Western Cape	Visual	Acquired	Both	Yes	4 + Years	University
8	Sam	45	Male	White	Western Cape	Visual	Congenital	Mainstream	Yes	3 Year	University
9	Tina	38	Male	White	Western Cape	Visual	Acquired	Mainstream	Yes	4 + Years	University
10	Mbali	50	Female	White	Western Cape	Neurological	Congenital	Special	No	N/A	N/A
11	Jed	43	Female	White	Western Cape	Neurological	Acquired	Mainstream	Yes	3 Year	University
12	Msizi	49	Male	Black	Limpopo	Visual	Congenital	Special	No	N/A	N/A
13	Thuli	40	Female	Black	Limpopo	Visual	Acquired	Special	Yes	3 Year	College
14	Kate	50	Male	Black	Limpopo	Visual	Acquired	Special	Yes	3 Year	University
15	Busi	40	Female	Black	Free State	Multiple	Congenital	Special	No	N/A	N/A
16	Nathi	37	Female	Black	Free State	Hearing	Congenital	Special	No	N/A	N/A
17	Ed	45	Female	Black	Free State	Hearing	Acquired	Special	No	N/A	N/A
18	Zama	33	Female	Black	Free State	Visual	Acquired	Special	No	N/A	N/A
19	Arun	31	Male	Black	Free State	Visual	Acquired	Special	No	N/A	N/A
20	Lali	40	Female	Black	Free State	Visual	Congenital	Special	No	N/A	N/A
21	Gul	34	Female	Black	Free State	Visual	Acquired	Both	No	N/A	N/A
22	Xander	55	Male	White	Gauteng	Visual	Congenital	Special	Yes	3 Year	College
23	Ava	25	Male	Black	Gauteng	Visual	Congenital	Special	Yes	3 Year	University
24	Thabo	30	Female	Coloured	Western Cape	Neurological	Congenital	Special	No	N/A	N/A
25	Pip	45	Male	Coloured	Western Cape	Hearing	Acquired	Mainstream	No	N/A	N/A

	Name	Age	Gender	Race	Province	Disability	Onset	Schooling	Tertiary	Duration	Type
26	Dina	46	Female	White	Gauteng	Hearing	Congenital	Special	No	N/A	N/A
27	Lisa	25	Female	White	Gauteng	Hearing	Congenital	Special	Yes	3 Year	College
28	Shani	36	Female	Black	Gauteng	Hearing	Congenital	Both	Yes	3 Year	College
29	Zach	37	Male	White	Gauteng	Hearing	Acquired	Mainstream	Yes	1–2 Year	University
30	Angie	41	Male	Coloured	Western Cape	Psychological	Acquired	Mainstream	No	N/A	N/A
31	Tess	27	Male	Coloured	Western Cape	Hearing	Congenital	Mainstream	Yes	3 Year	University
32	Gita	28	Female	Black	Western Cape	Psychological	Acquired	Mainstream	No	N/A	N/A
33	Zina	40	Male	Coloured	Western Cape	Psychological	Acquired	Mainstream	No	N/A	N/A
34	Pam	45	Female	White	Western Cape	Neurological	Acquired	Mainstream	Yes	4 + Years	University
35	Thandi	27	Female	Black	KwaZulu-Natal	Hearing	Congenital	Special	No	N/A	N/A
36	Zeb	24	Male	Indian	KwaZulu-Natal	Hearing	Acquired	Both	No	N/A	N/A
37	Remi	39	Female	Black	KwaZulu-Natal	Hearing	Congenital	Special	No	N/A	N/A
38	Remi	41	Male	Black	KwaZulu-Natal	Physical	Acquired	Mainstream	No	N/A	N/A
39	Jess	41	Male	White	KwaZulu-Natal	Multiple	Acquired	Mainstream	Yes	3 Year	University
40	Pat	51	Female	Coloured	KwaZulu-Natal	Visual	Congenital	Mainstream	Yes	3 Year	College
41	Suri	59	Female	Indian	KwaZulu-Natal	Physical	Congenital	Special	No	N/A	N/A
42	Inu	36	Female	White	Western Cape	Hearing	Congenital	Mainstream	No	N/A	N/A
43	Fay	32	Female	White	Western Cape	Hearing	Congenital	Special	No	N/A	N/A
44	Xolo	39	Male	White	Western Cape	Neurological	Congenital	Mainstream	No	N/A	N/A
45	Uri	31	Female	White	Western Cape	Cognitive	Acquired	Special	No	N/A	N/A
46	Tim	30	Female	White	Western Cape	Multiple	Congenital	Special	No	N/A	N/A
47	Kim	24	Female	White	Western Cape	Neurological	Congenital	Both	Yes	1–2 Year	College
48	Phila	35	Male	Black	Western Cape	Psychological	Acquired	Special	No	N/A	N/A
49	Ganu	40	Male	White	Western Cape	Psychological	Acquired	Mainstream	No	N/A	N/A
50	Taj	19	Female	White	Gauteng	Psychological	Congenital	Mainstream	No	N/A	N/A
51	Sara	48	Female	White	Gauteng	Psychological	Congenital	Special	No	N/A	N/A
52	Sid	37	Female	White	Gauteng	Neurological	Acquired	Mainstream	Yes	3 Year	University
53	Sally	32	Female	White	Gauteng	Neurological	Congenital	Mainstream	No	N/A	N/A
54	Greg	35	Male	White	Gauteng	Physical	Congenital	Mainstream	Yes	3 Year	University
55	Bala	22	Female	White	Western Cape	Physical	Acquired	Mainstream	No	N/A	N/A
	Name	Age	Gender	Race	Province	Disability	Onset	Schooling	Tertiary	Duration	Type

56	Piet	49	Male	Black	Gauteng	Physical	Acquired	Mainstream	Yes	3 Year	University
57	Tali	40	Female	Black	Gauteng	Physical	Congenital	Both	No	N/A	N/A
58	Sabu	38	Female	Coloured	Western Cape	Visual	Acquired	Mainstream	Yes	1–2 Year	College
59	Siva	34	Female	Black	Northern Cape	Hearing	Acquired	Mainstream	Yes	1–2 Year	College
60	Kate	58	Female	White	Northern Cape	Hearing	Acquired	Mainstream	Yes	3 Year	College
61	Sbu	31	Male	Black	Northern Cape	Hearing	Congenital	Special	Yes	1–2 Year	University
62	Nur	30	Male	Coloured	Northern Cape	Hearing	Congenital	Special	No	N/A	N/A
63	Anna	23	Female	Coloured	Northern Cape	Hearing	Congenital	Special	No	N/A	N/A
64	Ruhi	34	Female	Black	Northern Cape	Hearing	Acquired	Special	Yes	1–2 Year	College
65	Maha	36	Female	Black	Northern Cape	Visual	Acquired	Special	Yes	3 Year	College
66	Tara	37	Female	Black	Northern Cape	Visual	Congenital	Special	Yes	3 Year	College
67	Seth	50	Male	Indian	Western Cape	Physical	Acquired	Mainstream	Yes	4 + Years	University
68	Bob	27	Male	White	Western Cape	Multiple	Acquired	Mainstream	Yes	3 Year	University
69	Bella	33	Male	White	Western Cape	Cognitive	Congenital	Both	No	N/A	N/A
70	Andre	23	Male	White	Western Cape	Physical	Acquired	Mainstream	Yes	3 Year	University
71	Tai	42	Male	White	Western Cape	Physical	Acquired	Mainstream	Yes	3 Year	University
72	Ayla	32	Female	White	Western Cape	Physical	Acquired	Mainstream	Yes	4 + Years	University

Appendix 2: Consent form for research study

Breakwater Campus | Portwood Road | Greenpoint
University of Cape Town | Private Bag X3
Rondebosch | 7701 | Cape Town | South Africa



Dear Sir/Madam

My name is Emma McKinney and I am currently undertaking my PhD through the University of Cape Town's Graduate School of Business. It entails interviewing people with a range of disabilities for my thesis.

The focus of my research is on the barriers that people with disabilities experience entering into and remaining in employment in South Africa. Your input will provide an insight into the barriers that people with disabilities experience on a daily basis, and will provide a platform for change initiation that is often omitted in current policies and legislation.

I would like to obtain your consent to conduct an interview where you will be asked questions relating to your personal experiences of barriers in entering into and remaining in employment in South Africa. The duration of the interview will be determined by your needs and willingness to share your experiences. There will be no risk, injury, discomfort or cost involved with participation in this study. All information obtained from the interviews will be treated as confidential. Participation in this study is voluntary; if you do not wish to participate, your decision will be respected. As far as possible, your name and employer identity will be kept confidential. All interviews will be digitally recorded and transcribed. The information obtained from the transcribed interviews will be kept confidential. Pseudonyms will be allocated to each participant and many of the genders will be changed to ensure anonymity.

If you would be interested in participating in this study, I would be happy to send you a copy of the questions that will be asked during the interview if you would like them. Please inform me if you would prefer these in hard copy in an accessible format such as Braille. Please inform me of what accommodations you require for interviews to take place such as a Sign Language interpreter, additional lighting or a wheelchair-accessible venue.

I can be contacted via e-mail emma@disabilityincluded.co.za for any comments, queries or suggestions.

Thank you for your participation in this study.

Yours Faithfully

Emma McKinney

Participant declaration:

I have read and understood the information given above. I hereby give my consent to participate in this study.

Participant name:

Consenting signature:

Date:

University of Cape Town

Appendix3: Interview schedule

Breakwater Campus | Portwood Road | Greenpoint
University of Cape Town | Private Bag X3
Rondebosch | 7701 | Cape Town | South Africa



UCT
GRADUATE
SCHOOL OF
BUSINESS

QUESTION

1 Please tell me about yourself.

.....

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.....

.....

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PROBE

- Name; age; sex
- Disability: Acquired/Congenital
- Duration of disability
- Employment sector
- Name of company (optional)

2 Please tell me about the education you received.

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.....

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- Special/Mainstream
- Highest grade
- Skills/Academic
- Courses: registered; completed; reasons
- Degree: registered; completed; reasons
- What would have assisted you

3 How did you hear about your past and present jobs, and please tell me about your experience in applying for the position/s.

.....

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.....

- How many applications
- Actively seeking employment
- Advertisement: newspaper; word of mouth; recruitment agency; disability specific agency; website; e-mail; family member; friend; contacting company directly; learnership; apprenticeship; other
- Disclosure of disability

4 Please tell me about your interview process/s.

.....

.....

.....

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.....

.....

- Physically attended; telephonically; e-mail
- Number of interviews
- Number of times interviewed
- Were you asked if you had a disability
- Influence your interview
- Did you request accommodations
- Where you offered accommodations
- Were your accommodations made
- Competency test accessible
- Job requirements; salary and benefits discussed
- Disability specific position
- Reason for selection

- | | |
|---|--|
| <p>5 After being selected, please tell me about any modifications, assistive devices and reasonable accommodations that were provided for you in your workplace.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <ul style="list-style-type: none"> • What would you have liked • Do you have any • Where you consulted • By whom • Are they correct • Who paid for them • What accommodations do you currently require |
| <p>6 What were the attitudes of your employers and employees towards you?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <ul style="list-style-type: none"> • Have they changed – reasons • Disability sensitisation training; access audits; specific training • How many disabled people employed and in what capacity • What could be done to improve |
| <p>7 Please tell me about your workplace, including type of employment and benefits you receive.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <ul style="list-style-type: none"> • Number of staff • Sex; race and disability ratio • Signed employment contract • Pay: daily, weekly, monthly • Position: Part time/Full time; Permanent/Contract; duration • Benefits: Sick; maternity; leave; study; medical aid; pension; meals; etc. • Remuneration: Good; fair; poor • Working hour modifications • Transport: accessible • What could be improved |
| <p>8 How were you integrated into your company/organisation?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | <ul style="list-style-type: none"> • Induction programme • Accessible, reasonable accommodations • Emergency procedures • Environment accessible • Employer support • Employee support • Regular feedback meetings • Do you feel included/excluded and is this disability related • What would you have liked |

9	Where you required to attend training for your position and please tell me about what training you feel you still need.	<ul style="list-style-type: none"> • Yes/No • Accessible • Needs catered for • Adequate and relevant • What would you have liked/needed
10	Please tell me about your position within the company/organisation.	<ul style="list-style-type: none"> • Visible to customers; public; visitors • Visible to employees and employer • Confined to: small area; 1 room; several rooms; entire environment • Adequate temperature • Acceptable noise level • Acceptable lighting • What would you like
11	Please expand whether you feel that there is growth for you within your environment.	<ul style="list-style-type: none"> • Training; skills; development courses offered; completed • Regular; annual performance reviews process • Remuneration in line with experience and qualifications • Request to move • Seeking other employment • What barriers are you experiencing and does your employer know • What could be done to improve situation
12	Comments/Other	